January 2014 Summary of Changes

Chapter	Passage	Summary
0200	**0210.0103**	Updated the passage to show categories that are not broad-based categorically eligible.
	0230.0100; 0230.0101, 0230.0102, 0230.0103	Updated passages to reflect changes resulting from the Affordable Care Act.
	0230.0104	Revised the language to provide more explanation of the Medically Needy Program.
	0230.0200; 0230.0201; 0230.0202;	Deleted passages from chapter.
0400	**0430.0101**	Added Florida Kidcare and Federally Facilitated Marketplace as confidential sources to which individuals Medicaid information may be released.
	0430.0500	Added language to further define verification.
	0430.0102	Deleted “or assets” and extra space.
	0430.0608	Deleted extra space and period.
	0430.0610	Deleted extra space.
0600	**0610.0200**	Updated the passage to show that a change should be reported when the income exceeds 130% of the federal poverty level.
	0610.0501	Added language about customers age 60 and over or food stamp disabled meeting the gross income limit of 200% of the FPL. If they don’t meet 200% of the FPL, then they must meet 100% of the FPL and the asset limit of $3250.
	0630.0100, 0630.0101,0630.103, 0630.0105, 0630.0106, **0630.0107,** , **0630.0109, 0630.0110,** , **0630.0111,** , **0630.0112**	Added language to clarify the applications an household may use to apply for Family-Related, interview criteria, designated representative, medical provider referrals, and certified application counselors.
	0630.0401,0630.0500, 0630.0502, 0630.0508 0630.0509. 0630.1200, 0630.1300, 0630.1500	Added clarifying text and deleted text that is no longer required.
0800	**0810.0200**	Updated the passage to show that a change should be reported when the income exceeds 130% of the

		federal poverty level.
	0830.0100, 0830.0101, , 0830.0102, , 0830.0500, 0830.0506, 0830.0509; 0830.0600, 0830.0700, 0830.0800	Added and deleted text to clarify policy, streamline policy, or to reflect changes resulting from the Affordable Care Act as related to eligibility reviews, Interviews, changes, adding and removing individuals from cases, ex parte determinations, and continuous Medicaid.
1400	**1410.0300**	Passage updated to clarify residency for homeless individuals.
	1430.0005, 1430.1702	Updated passages to remove reference to TCA CSE cooperation requirements and to add Medicaid CSE cooperation requirements.
	1410.1101, 1410.1102, 1420.0805, 1430.0805, 1430.1103,1450.0805, ,1440.1103	Updated passages to include Individuals of any age who are prisoners, inmates, detainees, or convicts placed under detention or custody of a Federal, State, or local penal, correctional, or other detention facility or institution for more than 30 days are not eligible for food stamp benefits.
	1430.0005, 1430.0100, 1430.0101, 1430.0103, 1430.0103.01, 1430.0113, 1430.0114, 1430.0200, 1430.0204, 1430.0206, 1430.0207, 1430.0400, 1430.0500, 1430.0504, 1430.0700, 1430.0701, 1430.0702, 1430.0706, 1430.0710, 1430.0711, 1430.0712, 1430.0713, 1430.0714, 1430.0715.01, 1430.0715.02, 1430.0716, 1430.0718, 1430.0718, 1430.0719, 1430.0720.01, 1430.0720.02, 1430.0720.03, 1430.0720.04, 1430.0721.01, 1430.0722, 1430.0722.01, 1430.0722.02, 1430.0722.03, 1430.0722.04, 1430.0722.05, 1430.0723, 1430.0724.05, 1430.0800, 1430.0802, 1430.0803, 1430.0804, 1430.0805, 1430.0806, 1430.0807, 1430.0808, 1430.1000, 1430.1002,	Added and deleted text to clarify policy, streamline policy, or to reflect changes resulting from the Affordable Care Act as related to Family-Related Medicaid technical factors including citizenship/noncitizenship status, social security number, identity, age, deprivation, living in the home, pregnancy, appropriate placement, and child support cooperation.

	1430.1104, 1430.1403, 1430.1700, 1430.1701, 1430.1702, 1430.1704, 1430.1707, 1430.1709, 1430.1711	
1600	**1610.0000**	Added language about customers age 60 and over or food stamp disabled not meeting the gross income limit of 200% of the FPL.
	All passages	All text deleted from the chapter as asset policy does not apply to Family-Related Medicaid.
1800	**1830.0000, 1830.0001, 1830.0100, 1830.0101, 1830.0102, 1830.0103, 1830.0106, 1830.01071830.0108.02, 1830.0108.03, 1830.0112, 1830.0116, 1830.0117, 1830.0118, 1830.0119, 1830.0122, 1830.0200, 1830.0204, 1830.0206, 1830.0207, 1830.0209.02, 1830.0209.04, 1830.0300, 1830.0302, 1830.0303, 1830.0306, 1830.0307, 1830.0308, 1830.0309, 1830.0310, 1830.0315, 1830.0316, 180.0400, 1830.0401, 1830.0404, 1830.0405, 1830.0406, 1830.0500, 1830.0503.01, 1830.0503.02, 1830.0503.03, 1830.0600, 1830.0601, 1830.0602, 1830.0603, 1830.0700, 1830.0704, 1830.0705, 1830.0707, 1830.0800, 1830.0801, 1830.0803.01, 1830.0803.02, 1830.0805, 1830.0806, 1830.0807, 1830.0809, 1830.0810, 1830.0811, 1830.0813, 1830.0814, 1830.0815, 1830.0816, 1830.0817, 1830.0819, 1830.0820, 1830.0821, 1830.0824,**	Added and deleted text to clarify policy, streamline policy, or to reflect changes resulting from the Affordable Care Act as related to Family-Related Medicaid income eligibility including income concepts, earned income, support payments, benefits, dividends and interest, reimbursements, educational aid, income from other sources, lump sum payments.

	1830.0826, 1830.0827, 1830.0828, 1830.0829, 1830.0900, 1830.0901, 1830.0903, 1830.0904.01, 1830.0904.02, 1830.0905, 1830.0906, 1830.0908, 1830.0909, 1830.0910, 1830.0912, 1830.0914, 1830.0915, 1830.0917, 1830.0918, 1830.0922, 1830.0923, 1830.0924, 1830.0925, 1830.0927, 1830.0931, 1830.1000, 1830.1006, 1830.1012, 1830.1100, 1830.1200, 1830.1206, 1830.1300, 1830.1301, 1830.1302, 1830.1303, 1830.1304, 1830.1305, 1830.1400	
2000	**2010.0201**	Added language about customers age 60 and over or food stamp disabled meeting the gross income limit of 200% of the FPL. If they don't meet 200% of the FPL, then they must meet 100% of the FPL and the asset limit of $3250.
	2030.0000, 2030.0100, 2030.0200, 2030.0201, 2030.0202, 2030.0203, 2030.0204, 2030.0205, 2030.0206, 2030.0300, 2030.0301, 2030.0302, 2030.0303, 2030.0304, 2030.0313, 2030.0314, 2030.0400, 2030.0500, 2030.0600, 2030.0700, 2030.0701, 2030.0702, 2030.0703, 2030.0704, 2030.0800, 2030.0801, 2030.0802, 2030.0802.01, 2030.0802.02, 2030.0900, 2030.0901, 2030.0902, 2030.0903, 2030.1000, 2030.1100, 2030.1100.01, 2030.1100.02, 2030.1200, 2030.1300, 2030.1400,	Added and deleted text to clarify policy, streamline policy, or to reflect changes resulting from the Affordable Care Act as related to Family-Related Medicaid coverage groups, including parents and Other Caretaker Relatives, Extended/Transitional Medicaid, Continuous Medicaid, Institutional and Hospice Care, Pregnant Women,Children's coverage, Emergency Medicaid for Alien coverage, Individuals Aged Out of Foster Care, Breast and Cervical Cancer Treatment Program, Medically Needy coverage.

2200	**2210.0315.03**	Appendix reference changed to Appendix A-1 (Food Assistance Income Eligibility Standards and Deductions).
	2210.0316, 2210.0317.01	Updated passages to include Individuals of any age who are prisoners, inmates, detainees, or convicts placed under detention or custody of a Federal, State, or local penal, correctional, or other detention facility or institution for more than 30 days are not eligible for food stamp benefits.
	2230.0000	Streamlined language to clarify the composition of the Standard Filing Unit as related to IRS rules.
	2230.0200	Modified language to clarify definition of Standard Filing Unit according to IRS rules.
	2230.0400	Modified language to clarify definition of Standard Filing Unit according to IRS rules.
	2230.0401, 2230.0402, 2230.0403;	Deleted passages regarding the composition, treatment of income/assets, and participation status of the Standard Filing Unit.
	2230.0404.01	Renumbered this passage (Definition of Terms) to 2230.0401.
	2230.0404.02	Deleted passages that longer apply or duplicates information provided in other passages.
	2230.0404.03	Renumbered passage as 2230.0402 as Parents and Other Caretaker Relatives. Language added to discuss filing unit policy for the group and language deleted that no applies.
	2230.0404.04, 2230.0404.05, 2230.0404.06, 2230.0404.07 2230.0404.08, 2230.0405.01, 2230.0405.02, 2230.0405.03, 2230.0405.04, 2230.0408, 2230.04092230.0410.01, 2230.0410.02, 2230.0413, 2230.0414.01,-2230.0414.02, 2230.0414.03, 2230.0414.04,	Deleted passages that longer apply or duplicates information provided in other passages.

	2230.0414.05, 2230.0416, 2230.0417.02, 2230.0417.03, 2230.0417.04, 2230.0417.05 2230.0417.06, 2230.0417.07, 2230.0420.02, 2230.0420.04, 2230.0420.05, 2230.0420.06, 2230.0420.07, 2230.0420.08 2230.0500, 2230.0501, 2230.0502, 2230.0503, 2230.0504.01	
	2230.0504.02	Renumbered passage to 2230.0403 and discusses filing unit policy for children under age 21.
	2230.0404.06	Renumbered passage as 2230.0403.01 and discusses the filing unit rules for siblings.
	2230.0414.03	Renumbered passage as 2230.0403.02 and discusses treatment of sibling income in the filing unit.
	2230.0504.03, 2230.0504.04, 2230.0504.05, 2230.0505.01 2230.0505.02, 2230.0505.03 2230.0505.04, 2230.0506.01	Deleted passages that no longer apply or duplicates information provided in other passages.
	2230.0506.02	Renumbered passage to 2230.0404 and discusses filing unit policy for pregnant women.
	2230.0506.03, 2230.0507.01, 2230.0507.02, 2230.0507.03, 2230.0507.04, 2230.0508, 2230.0509 2230.0510	Deleted passages that longer apply or duplicates information provided in other passages.
2400	**2410.0303, 2410.0335, 2410.0344, 2410.0345, 2410.0346**	Appendix references changed to Appendix A-1 (Food Assistance Income Eligibility Standards and Deductions).
	2430.0000, 2430.0100	Amended passages to reflect how income is budgeted.
	2430.0102	Deleted passage regarding Medically Needy Income Limits.
	2430.0200, 2430.0201,	

	2430.0204,2030.0206, **2430.0207.01,2040.0207.02, 2430.0207.03;** **2430.0300, 2430.0301, 2430.0304, 2430.0314, 2430.0315, 2430.0319, 2430.0325, 2430.0326, 2430.0327, 2430.0328, 2430.0338, 2430.0363, 2430.0400** **2430.0500, 2430.0501** **2430.0502, 2430.0503, 2430.0504,** **2430.0505** **2430.0506, 2430.0507, 2430.0508,** **2430.0700** **2430.0800**	Amended passages to reflect how income is budgeted. Deleted passages regarding budget as passage were renumbered and added to Chapter 0830. Deleted passages regarding income disregards that do not apply to Family-Related Medicaid. Revised passage to explain the concepts for averaging income when income is received more frequently than monthly. Deleted passages regarding income averaging as the information was moved to the above passages. Delete language that does not apply. Deleted passage that no longer apply or duplicates information provided in other passages. Revised passage to show the new income conversion factors for Family-Related Medicaid. Deleted passage that no longer apply or duplicates information provided in other passages.
2600	**2610.0104.02, 2610.0105, 2610.0106.01, 2640.0119.04**	Appendix references changed to Appendix A-1 (Food Assistance Income Eligibility Standards and Deductions).
	2610.0106.02	Change made to minimum benefit based on clarification from the Food and Nutrition Service.

	2630.0000	Removed reference to Chapters 1800 and 2400.
	2630.0100	Amended to enhance conciseness of language.
	2630.0102	Deleted some text to reduce duplication and to enhance conciseness of language.
	2630.0107	Amended to enhance conciseness of language.
	2630.0109.01	Deleted some text to reduce duplication and to enhance conciseness of language.
	2630.010902	Renumbered to 2630.0108 and revised the language to show the steps used in budget calculation.
	2630.0109.03,	Deleted passages to reduce duplication and enhance conciseness of language with regard to budget tests and calculation of benefits
	2630.0110	Amended to delete language that no longer applies.
	2630.0111.01	Deleted language that has been incorporated in another passage.
	2630.0111.02	Renumbered the passage as 2630.0111. Revised to streamline language.
	2630.0111.03, 2630.0113	Deleted passages to reduce duplication and enhance conciseness of language with regard to budget tests and calculation of benefits, transitional Medicaid, parent to child deeming, and to remove language that no longer applies to Family-Related Medicaid.
	2630.0200	Amended the language to show that deeming policy applies to sponsor deeming, only.
	2630.0204 - 2630.0210.04	Deleted deeming language that no longer applies.
	2630.0412	Amended to remove a “note” reference.
	2630.0413.01	Amended text to delete language that no longer

	2630.0414.02	applies regarding self-employment income.
	2630.0414.03, 2630.0414.09	Revised passage by removing “spousal” support payments.
	2630.0500	Deleted passages regarding support payments.
	2630.0501	Removed reference to Medically Needy asset limit, MNIL now based on MAGI rules. Revised language to enhance readability.
	2630.0502	Deleted the passage.
	2630.0503	Amended text to enhance readability and removed references to assets and Medically Needy Income Level.
	2630.0504.01	Removed reference to deemed individuals; replaced AG and SFU with assistance group or filing unit as appropriate.
	2630.0504.02, 2630.0504.03	Amended the text to clarify policy. Deleted references to other passages within the chapter.
	2630.0504.04, 2630.0504,05, 2630.0505, 2630.0506.02, 2630.0506.03, 2630.0506.04, 2630.0507.01, 2630.0507.02 - 2630.0508	Deleted passages that contain examples. Deleted reference to eligibility specialist, removed examples where they existed, and deleted references to other sections of the manual.
3200	**3220.0215.09, 3260.0215.09**	Clarified language that restoration of expunged benefits only applies to requested benefits within the month expunged.
	3230.0500	Added information about Certified Application Counselor as a result of the Affordable Care Act.
3400	**3430.0100; 3430.0102; 3430.0200**	Added language to reflect electronic and/or system generated notification methods, incorporated text from passage 3430.0104 to eliminate redundancy
	3430.0104	Passage deleted.
	3430.0207	Substituted the phrase “The Department” for DCF.

	3430.0500 **3430.0501**	Added reference to the Florida Administrative Code governing Medicaid Programs and incorporated passage 3430.0501 to streamline text. Passage deleted.
4600	**Glossary**	Added and deleted text to clarify and streamline definitions for all programs, and for Family-Related Medicaid added new definitions brought about by the Affordable Care Act.

0210.0103 Eligibility Criteria (FS)

Individuals who purchase and prepare food together will be considered an assistance group for food stamp purposes and will have their eligibility determined together. Individuals who apply for food stamps must qualify on the basis of income ~~and assets~~. Almost all types of income are counted. After adding all the assistance group's countable income, the eligibility specialist must allow certain adjustments. In order to be eligible, the total income must fall below certain limits, depending on the assistance group's size.

In addition, families and individuals must meet work registration requirements as well as certain citizenship and residency requirements. Eligibility criteria are established by USDA and are uniform throughout the United States.

Any assistance group in which all members are recipients of TCA, RAP and/or SSI benefits are considered categorically eligible because of their status. Eligibility factors accepted without further verification unless questionable for FS eligibility, TCA, RAP, and/or SSI eligibility are:

1. gross and net income limits,
2. assets,
3. SSN information,
4. sponsored noncitizen information, and
5. residency.

Broad-based categorically eligible standard filing units are categorically eligible because they received information about Temporary Assistance for Needy Families or Maintenance of Effort funded services or benefits in an ACCESS Florida notice. Broad-based categorically eligible standard filing units must meet the gross income limit, which is 200% of the federal poverty level. Standard filing units that contain a member disqualified for IPV, fleeing felon, felony drug trafficking, or an employment and training sanction are not broad-based categorically eligible.

0230.0100 FAMILY-RELATED MEDICAID PROGRAM (MFAM)

Family-Related Medicaid is a ~~an automatic~~ benefit for children, parents and other caretakers, pregnant women, and individuals under age 26 previously enrolled in Florida Medicaid when they aged out of foster care ~~individuals receiving Temporary Cash Assistance~~. ~~Additional categories of individuals receive medical assistance only through a Family-Related Medicaid or SSI-Related Medicaid Program~~.

The purpose of Medicaid is to provide a program through which financially needy individuals can obtain medical assistance.

0230.0101 Legal Basis (MFAM)

The legal basis for the Medicaid Program is the Affordable Care Act of 2010, Medicaid Extenders Act of 2010, Three Percent Withholding Repeal and Job Creation Act of 2011, Middle Class Tax Relief and Job Creation Act of 2012. Titles XIX and XXI of the Social Security Act, Title 42 of the Code of Federal Regulations, Chapter 65A of the Florida Administrative Code, and Chapter 409 Florida Statutes.

0230.0102 Program Overview (MFAM)

Family-Related Medicaid contains ~~two main~~ the following coverage groups: ~~categorical coverage (individuals are eligible due to their eligibility for other programs including MEDS) and Medically Needy coverage based on an individual's medical circumstances and needs. Coverage groups determine the funding source to be used to pay the Medicaid benefit.~~
5

~~The following are the Medicaid coverage groups:~~

1. Parents and other caretaker relatives
2. Pregnant women
3. Infants and children
4. Children Ages 18-21
5. Emergency Medicaid Assistance to Noncitizens
6. Individual aged out of Foster Care up to age 26

~~Family-Related coverage groups include:~~

~~1. Temporary Cash Assistance cases, including unemployed parents and their children under age 18;~~
~~2. Under $10 Temporary Cash Assistance cases;~~
~~3. Individuals who do not wish to receive Temporary Cash Assistance or who are ineligible due to:~~
~~a. income from stepparents or grandparents,~~
~~b. income from a sponsor,~~
~~c. sibling income,~~
~~d. noncitizen status,~~
~~e. transfer of assets,~~
~~f. nonparticipation in employment and training activities, and~~
~~g. not including the needs of the unborn.~~
~~4. New employment/increased earnings;~~
~~5. Title IV-E foster care children;~~
~~6. Some institutional care;~~
~~7. Hospice services;~~
~~8. Extended medical assistance;~~

~~9. Pregnant women who:~~
~~a. are presumptively eligible, and~~
~~b. have filing unit income equal to or less than 185 percent of the federal poverty level.~~
~~10. Minor children who:~~
~~a. are 18 to 21 but meet some Temporary Cash Assistance or Aid to Families with Dependent Children (AFDC) (policy effective prior to 8/96) eligibility criteria,~~
~~b. are under age 21, live in intact families, and meet most Temporary Cash Assistance requirements,~~
~~c. were born after 1/1/79 but have not yet reached age 20, live with a nonrelative, and meet some Temporary Cash Assistance requirements,~~
~~d. were born after 1/1/79 who have not yet reached age 20, or~~
~~e. are presumptively eligible newborns;~~
~~11. Noncitizens in need of emergency medical assistance;~~
~~12. Medically Needy individuals.~~
~~a. RAP participant coverage groups for Family-Related Medicaid individuals include:~~
~~b. Extended Medicaid due to increased income;~~
~~c. Medicaid due to RAP ineligibility as a result of asset transfers;~~
~~d. Medicaid for RAP children under age 19 but born after 9/30/83 living with nonrelatives;~~
~~e. Medicaid for RAP children under age 19 but born after 9/30/83 living with relatives;~~
~~f. Presumptively eligible newborns; and~~
~~g. RAP pregnant women under MEDS or Medically Needy.~~

0230.0103 Eligibility Criteria (MFAM)

Eligibility criteria ~~for categorical coverage groups~~ include residency ~~in Florida~~, identity, U.S. Citizenship or proper noncitizen status, possession of a Social Security number, cooperation with the child support program, assignment of rights for third party payments~~,~~ and income~~, and assets~~.

0230.0104 Medically Needy (MFAM)

The Medically Needy Program provides coverage for individuals who meet the technical requirements for the above coverage groups, but whose income exceeds the group's income standard. Medically Needy has no income limit. Individuals are enrolled in the program with a Share of Cost (SOC). SOC refers to the amount of medical bills which an individual enrolled in the Medically Needy Program must incur in any given month before Medicaid coverage may be authorized.

~~To be entitled to Medically Needy assistance, an individual or family must meet all of the requirements for a Family-Related Medicaid group and meet Medically Needy asset limits. There is no income limit, only an income level.~~

0230.0200 KIDCARE PROGRAM (MFAM)

~~The 1998 Florida Legislature passed the Florida KidCare Act implementing federal Title XXI Legislation in Florida. Additionally, changes were made to Medicaid policy impacting on children's eligibility for Medicaid. Florida's KidCare Program includes the following components:~~

1. ~~Medicaid eligibility for children who live in families whose income is below the Medicaid income limit.~~
2. ~~MediKids eligibility for children from age one to age five with family income equal to or less than 200% of the federal poverty level who are not eligible for Medicaid.~~
3. ~~Healthy Kids eligibility for children age five to 19 in families with income equal to or less than 200% of the federal poverty level who are not eligible for Medicaid.~~
4. ~~Children's Medical Services (CMS) for children under 18 who have special behavioral or physical needs.~~

~~0230.0201 Legal Basis (MFAM)~~

~~The legal basis for the Florida KidCare Program is title XXI of the Social Security Act, Chapter 65A of the Florida Administrative Code, and Chapter 409, Florida Statutes.~~

~~0230.0202 Program Overview (MFAM)~~

~~Florida's KidCare law assigns responsibility for administering the KidCare Program to the Agency for Health Care Administration (AHCA). The Agency administrator will oversee the program to provide health care services by utilizing the existing provider network. The KidCare law assigns responsibility for eligibility determinations to the Department of Children and Families, but permits the Department to perform this function directly or to contract the eligibility determination services. At the Department's request, AHCA has contracted with the Florida Healthy Kids Corporation (FHK) to provide direct eligibility determinations for the KidCare Program. Florida's KidCare Program includes the following components:~~

1. ~~Medicaid eligibility for children who live in families with income below the Medicaid income limit. This limit is 200% of the federal poverty level for children under age one, 133% of the federal poverty level for children age one to age six, and 100% of the federal poverty level for children age six to age 19.~~

~~2. MediKids eligibility for children age one to age five with family income equal to or less than 200% of the federal poverty level who are not eligible for Medicaid.~~

~~3. Healthy Kids eligibility for children age five to 19 with families with income equal to or less than 200% of the federal poverty level who are not eligible for Medicaid. Some children under age five with other siblings may be able to participate in Healthy Kids. In addition, some families with income above 200% of the federal poverty level and some children who may not be eligible for Medicaid through Title XXI funds due to their immigration status may be eligible for Healthy Kids coverage through state-only funds, depending on availability of funds.~~

~~4. Children's Medical Services (CMS) for children from birth through 18 who have special behavioral or physical health needs or ongoing medical conditions.~~

~~Families choosing to apply just for child-only Medicaid have the option of completing the Florida KidCare application at the local service centers, or mailing the application directly to Florida Healthy Kids in Tallahassee. Applications are available through the Department's local offices, the local health departments, or other community-based sites such as schools, day-care centers, libraries, etc.~~

0430.0101 Confidential Information (MFAM)

Restrict the use or disclosure of confidential information to personnel directly connected with the administration and enforcement of the Medicaid Program who:

1. establish eligibility,
2. determine the amount of benefits,
3. provide services,
4. institute legal proceedings against individuals responsible for the support of children, and
5. conduct or assist in an investigation, prosecution or civil or criminal proceeding related to Medicaid.

Release confidential information to representatives of agencies subject to standards of confidentiality comparable to the Department's standards as listed below:

1. Child in Care (CIC),
2. Family-Related Medicaid (MFAM),
3. SSI-Related Medicaid (MSSI),
4. State Funded Programs (SFP),
5. Social Security Administration (SSI),

6. Agency for Health Care Administration (AHCA),
7. Child Support Enforcement (CSE),
8. Medicaid providers for processing claims (not collection agencies).
9. Florida Kidcare,
10. Federally Facilitated Marketplace

Secure the SFU's or designated representative's written consent to release information in all situations except for clearly administrative or enforcement purposes. Ensure all the following criteria are met prior to releasing confidential information:

1. Consider the reason for the request as well as its proposed use.
2. Determine if the disclosure of information will fulfill a constructive purpose for the members of the SFU.
3. Determine if the individual receiving the information will safeguard it.

Consult the supervisor if unsure of any of the above.

Do not release any information obtained from the following confidential data sources: BEERS, IRS, BVS, AWI and DMV.

Do not disclose public assistance benefit information about noncitizens for purposes of determining a public charge (debt) to the participant, their authorized representative, or the Department of Justice, United States Citizenship and Immigration Services, including Immigration Law Judges.

0430.0102 Release of Confidential Information (MFAM)

Make appropriate information and material available for inspection or release at a prearranged time during normal business hours, if the applicant/recipient or designated representative presents a written request that specifies:

1. the desired material,
2. how the material will be used, and
3. any individual authorized to review or receive the information.

Remove confidential information prior to case record examination and maintain staff presence at all times when the applicant/recipient or designated representative is inspecting or photocopying the record. With the exception of medical reports identified as confidential, provide copies of case information the applicant/recipient needs to qualify for another program's benefits.

Permit the release of the following information to an applicant/recipient, designated representative or other authorized individual:

1. information in connection with a request for a hearing, state or local;

2. information on receipt of child support or benefits, when requested to complete a federal or state income tax return, and when authorized in writing by the individual;
3. copies of any statements or forms signed by the individual regarding income ~~or assets~~; and
4. budget worksheets used to determine eligibility for benefits.

No individual has the right to inspect information or documents provided by an unknown confidential source. This includes, but is not limited to, information such as:

1. out of wedlock births,
2. incest,
3. neglect and abuse of children or adults, or
4. marital discord.

0430.0500 VERIFICATION (MFAM)

Verification is confirming the accuracy of information through a source other than the individual, including documentary and electronic sources. Include all telephone or personal contacts and documentary evidence used as verification in the case record.

If a collateral contact is the source of verification, record the eligibility factors verified in detail; the name of the person contacted, the address and phone number, the date of the contact and complete information obtained from the contact.

There is no requirement to retain paper copies of documents used to verify eligibility or ineligibility if all relevant information has been entered into the FLORIDA system and retained electronically. Electronic entries must be of sufficient detail to support the determination of eligibility or ineligibility.

0430.0608 Fair Hearings Decisions (MFAM)

A Final Order issued by the hearings officer is binding on the Department.

Denied Appeal:

Upon receipt of the Final Order, if benefits were continued as a result of the hearing request:

1. Refer overpayments made while the hearing decision was pending to BR~~.~~ and

2. Issue a second notice of the reduction or termination in benefits with an effective date of the next month. Neither the 10-day adverse action notification nor the appeal rights apply to the second notice.

Granted Appeal:

Comply with the hearing decision within 10 calendar days following receipt of a Final Order.

0430.0610 Reevaluating Medicaid Adverse Actions (MFAM)

The Department must reevaluate any Medicaid determination where there is evidence of good cause that the previous determination was incorrect.

The request for reevaluation applies to the following situations:

1. benefits terminated or denied in error;
2. an overstated patient responsibility/share of cost-; and
3. an error in the calculation of the level of benefits.

If a participant requests a reevaluation:

1. within 90 days of the mailing date of the notice, follow hearing policy and continue to work on resolution.

2. after 90 days from the mailing date of the notice but no more than 12 months following the effective date of the adverse action, review the request to determine if good cause exists.

3. after 12 months from the effective date of the notice, complete the Notice of Review of Case Action to deny the reevaluation and inform the participant of hearing rights.

Good cause exists when:

1. The Department made mistakes in mathematical computations.
2. The Department made an error in the determination.
3. The participant presents new information that was not considered when the previous determination was completed, and it may result in a different conclusion. The information must have been unavailable due to circumstances beyond the participant's control.

Once good cause is established, determine eligibility, authorize benefits as appropriate and send a new notice of case action. Notify the participant of the decision for all months as required below.

For applications: Review eligibility each month and authorize as appropriate back to the month of application, including any requested retroactive months.

For active cases: Review eligibility each month and authorize as appropriate back to the effective date of the action under review.

When good cause does not exist:

Send the Notice of Review of Case Action notifying the participant of the reevaluation denial and hearing rights. The determination that good cause does not exist cannot be reevaluated.

0610.0200 SIMPLIFIED REPORTING CHANGE REQUIREMENTS (FS)

Effective November 1, 2009, all food stamp households are simplified reporting.

~~Simplified reporting SFUs, that contain a member disqualified for IPV, fleeing felon, felony drug trafficking, or employment and training sanction, are not broad-based categorically eligible.~~ Simplified Reporting households must report a change when the total household income exceeds 130% of the federal poverty level ~~the monthly gross income limit~~ for the AG size or when an able-bodied adult subject to time limits has a change in work hours below twenty hours per week. Households in all programs must report any changes in the household living and/or mailing address. The SFU must report the change by the 10th day of the month following the month of change.

Process beneficial changes, sanction actions and data exchange responses that are considered verified upon receipt: Social Security (Bendex), State Data Exchange (SDX), Unemployment Compensation Benefit (DEUC), Vital Statistics Death Match (DEDT), and Numident (DENU). ACCESS Integrity staff will process prison incarceration information received directly from the Department of Corrections. Review responses from other data exchanges as part of the next review. Food stamp AGs that also receive TCA and/or Medicaid must report changes according to TCA and/or Medicaid Program requirements. Act on changes reported for TCA and/or Medicaid and make the change to affect all three programs. For beneficial changes, if the household fails to verify the information, leave the food stamp benefits the same. Do not act on reported adverse changes in food stamp only cases unless the change is the total household income exceeds 130% of the federal poverty level for the AG size. In combination cases with food stamps, TCA, and/or Medicaid, process adverse changes based on the information provided by the household.

0610.0501 Categorical Eligibility (FS)

Standard filing units are categorically eligible if they:

1. file a joint application for food stamps and TCA,

2. file for SSI benefits,
3. file for FS and SSI benefits,
4. have a TCA or SSI application pending and are denied food stamps but are later determined categorically eligible,
5. are SFUs in which all members receive income from TCA, RAP, or SSI, or
6. are SFUs in a food stamp household that does not contain a member disqualified for any one of the four reasons listed below.

These SFUs are eligible for food stamps without separate verification of assets, gross and net income limits, social security number, residency, and sponsored noncitizen status. Broad-Based Categorically Eligible SFUs must meet a gross income limit of 200% of the federal poverty level but have no asset test. If the SFU contains a member who is age 60 or over or meets the definition of food stamp disabled, the SFU must meet the gross income limit of 200% of the federal poverty level for the AG size. If the SFU does not meet the 200% income limit, the SFU must meet the net income limit of 100% of the federal poverty level for the AG size and the asset limit of $3250.

Standard filing units are not categorically eligible or broad-based categorically eligible if:

1. a member is disqualified for IPV,
2. a member is disqualified for employment and training requirements,
3. a member is disqualified for felony drug trafficking, or
4. a member is a fleeing felon.

Prorate the food stamps for the initial month for AGs that file joint applications and are determined categorically eligible after a prior denial of food stamps. Begin the prorated period on the date of TCA eligibility or the date of the original food stamp application whichever is later.

Provide retroactive food stamps prorated from the application date to any potentially categorically eligible food stamp AG determined TCA eligible within the 30-day food stamp processing time. Reevaluate the original application at the SFU's request or when the Department becomes aware of the SFU's TCA and/or SSI eligibility.

0630.0100 APPLICATION FOR ASSISTANCE (MFAM)

Individuals may apply for public assistance in person, by phone, mail or by web-based or facsimile application. An acceptable application must have the applicant’s name, address and signature on the form. Upon request from an applicant, provide necessary assistance in completing the application.

The application must be the Department's web-based application, which is the Self Service Portal, or the application used by the Department and Florida KidCare (Family-Related Medical Assistance Application), or a single streamlined application for all insurance affordability programs developed by the federal department of Health and Human Services.

Applicants for Family-Related Medicaid may not apply using the ACCESS Florida Application
(CF-ES 2337).

Provide ~~Encourage~~ the individual or the individual's designated representative ~~to exercise~~ the right to file an application the same day the individual or designated representative contacts the office and expresses interest in obtaining assistance. Only the PIP or designated representative must sign the application. Unless signed in the presence of Department staff ~~the eligibility specialist~~, an application signed with a mark must have two witness' signatures. ~~If the eligibility specialist signs as the witness, no other witness is required.~~

An individual must submit a~~n~~ Family-Related Medicaid application at initial application~~,~~ and at ~~-~~reapplication, ~~and requests for additional types of assistance~~.

0630.0101 Date of Application (MFAM)

For all ~~SFUs~~ households in which the PIP is a member (except sponsors), or is acting as a designated representative, the date of application is the date the Department ~~or an authorized community partner site~~ receives a signed application. If the Department ~~a site~~ receives a web-based or facsimile application after normal business hours, establish the first business day following receipt as the application date.

The date the federally qualified health center or disproportionate share hospital receives and date-stamps a signed application is the official date of application for Medicaid. In the absence of a date stamp, the application date is the date the applicant signs and dates it.

~~**0630.0103 Screening for SSI Eligibility (MFAM)**~~

~~Screen all applicants to determine potential eligibility for SSI. If an applicant is potentially eligible for SSI, inform the individual of his potential eligibility and how to apply.~~

0630.0105 Eligibility Interview (MFAM)

Conduct interviews only when requested by the applicant or ~~and~~ when eligibility is questionable or error prone. In these cases conduct the eligibility interview by asking the series of questions concerning the household circumstances provided on the application. Resolve discrepancies and ask the individual to add any missing information to the application.

Deny an application if an individual refuses to cooperate with the application process. Refusal is when the individual is able to cooperate, but clearly demonstrates that he will not take required actions. Once denied or terminated for refusal to cooperate, the individual may reapply, but will not be determined eligible until he cooperates.

0630.0106 Face-To-Face Interview (MFAM)

If an interview is requested, c~~C~~onduct interviews by telephone unless a face-to-face is more appropriate. Inform all individuals of the availability of appointments outside normal office hours and the criteria for out-of-office interviews.

When an applicant wants, or the Department needs, an interview and one cannot be held on the day of application, schedule an appointment. Provide notice to the individual specifying the date and time of the interview. Schedule the interview to give sufficient time to determine eligibility and provide benefits within the time standards.

Home visits are face-to-face interviews and must be scheduled in advance.

0630.0107 Who May be Interviewed (MFAM)

Conduct interviews with a responsible member of the ~~SFU~~ household (except for a sponsor), a designated representative or a specified relative ~~of the SFU~~. A responsible member is any member able to represent the ~~SFU~~ household by providing sufficient and accurate information concerning the ~~SFU's~~ household's circumstances.

The responsible member may be an adult or a responsible minor in the ~~SFU~~ household. If the responsible member is a minor under the parental control of an adult, confirm the minor's representative status with an adult household member.

Exception: Do not interview or allow eligibility staff to act as a designated representative, unless no other individual is available to act on behalf of the applicant/recipient. The ACCESS Region or Circuit Program Office must provide written approval of each designation.

0630.0109 Designated Representatives (MFAM)

A ~~designated~~ representative may be ~~appointed or self-designated to act on behalf of the household~~ designated by an applicant or recipient to act responsibly on their behalf in assisting with the their application and redetermination of eligibility and other ongoing communication with the Department. ~~If the individual does not select a specific person as designated representative, determine if the self-designated representative is the most appropriate person to fulfill this responsibility~~. An applicant must authorize designated representatives ~~in writing~~ prior to eligibility determination or anytime during the review period.

If the household member or a designated representative is not responsible, that member may not represent the ~~SFU~~ household and may not designate a representative. Record the information that supports this decision.

Designated representatives ~~or minors serving as representatives~~ assume responsibility for the accuracy of the information provided and are subject to the same disqualification penalties and possible prosecution as responsible household members.

0630.0110 Rights and Responsibilities (MFAM)

Each individual has the right to file an application, have an interview if requested and have a determination of eligibility. Inform applicants of their rights and responsibilities.

The ~~SFU~~ household has the primary responsibility to obtain and provide information required to determine eligibility for benefits. If the applicant is unable to obtain information, assist the individual by providing addresses, writing to other agencies and obtaining medical reports and all other necessary information.

Inform ~~SFUs~~ households of the responsibility to report changes within 10 calendar days of the date the change becomes known. This provision applies any time after receipt of the application.

0630.0111 Medical Provider Referrals (MFAM)

Hospitals and other Medicaid providers refer individuals who are potentially eligible for Medicaid to the Department for the purpose of making application. Upon receipt of a referral, contact the individual to obtain an application, determine eligibility status and notify the provider of the disposition.

If a medical assistance referral is received on an Emergency Medicaid for Aliens case during their 12-month eligibility period, Medicaid benefits should be opened for the new dates of emergency using the information supplied on the referral. The individual does not need to be contacted for an eligibility determination.

0630.0112 Certified Application Counselors (MFAM)

The staff and volunteers of state-designated organizations may act as application assisters, authorized to provide assistance to applicants and recipients with the application and redetermination process. Certified Application Counselors (CAC) are trained in the Medicaid eligibility policies and adhere to all rules and regulations relating to safeguarding and confidentiality of customer information.

The assistance provided by CACs include: providing information on Medicaid programs, helping individuals complete an application/redetermination, assisting

the individuals to provide required documentation, submitting documents to the Department, making inquiries as to the status of the applications and redeterminations, assisting individuals with responding to Department requests.

0630.0401 Requests for Additional Information/Time Standards (MFAM)

If the Department needs additional information or verification from the applicant, provide:

1. a written list of items required in order to complete the application process,
2. the date the items are due in order to process the application timely, and
3. the consequences for not returning additional information by the due date.

The verification/information due date is 10 calendar days after the date of the interview or if there is no interview requirement, 10 days after the date the pending notice is generated. If the due date falls on a holiday or weekend, the deadline for the requested information is the next business day.

At the individual's request, extend the due date. Leave the case pending until the 30th day after the date of application to allow the household a chance to provide verifications. Assist applicants with getting missing verifications when needed.

1. If the applicant completes the interview if requested, provides all verifications, and meets all eligibility factors, approve the application by the 30th day for Medicaid. If the 30th day falls on a weekend or holiday, approve the application on the business day before the 30th day.

2. If the household does not return the verifications by the 30th day after the date of application, deny the application on the 30th day. If the 30th day falls on a weekend or holiday, deny the application on the next business day after the 30th day.

3. If the household returns the verifications after the 30th day but by the 60th day, approve the application as soon as possible following receipt of the verifications as long as disposal occurs by the 60th day. Do not require a new application.

Evaluate any delay in submitting information that exceeds the time standard to determine applicant or Department delay.

Apply retroactive Medicaid policy to months prior to the original month of application.

0630.0500 DETERMINATION OF ELIGIBILITY (MFAM)

An AG must meet all factors of eligibility to be determined eligible for assistance on an ongoing basis. Approve or deny the application immediately upon receiving all information. Do not delay the decision to approve or deny a case while awaiting information that is not directly related to a factor of eligibility.

Assign a 12-month review period from the month of disposition. For the Medically Needy Program, eligibility ends at the end of the eligibility ~~entitlement~~ period.

0630.0502 Date of Medicaid Eligibility ~~Entitlement~~ (MFAM)

For eligible individuals, the date of eligibility for Medicaid is the first day of the month of application receipt regardless of the date of disposition. If eligible for Medicaid for one day in the month, an applicant is eligible for the entire month, regardless of changes in circumstances.

~~Exceptions~~ For these programs, the date of initial eligibility ~~entitlement~~ begins the date the AG is determined eligible:

1. Emergency Medicaid~~Medical~~ Assistance for Aliens cases,
2. Presumptively eligible ~~pregnant women, and~~ individuals, and
3. Medically Needy SOC cases.

~~For these programs, the date of initial entitlement begins the date the AG is eligible.~~

0630.0508 Medically Needy Eligibility Dates (MFAM)

The enrollment date is the first day of the month the individual meets all ~~asset limitations and~~ technical eligibility criteria and ends 12 months from the month of application disposition. The initial enrollment period may exceed twelve months when the month of application is prior to the month of authorization. Individuals may be enrolled with or without a SOC. When there is a zero SOC, verify income prior to authorization.
Income verification is not required to enroll with an estimated SOC. Verify income the month the individual meets his SOC.

Eligibility begins the day that an individual~~/SFU~~ meets the SOC and ends the last day of the month. If the individual is eligible with no SOC, the beginning date of eligibility is the first day of the month the applicant meets all other eligibility criteria.

0630.0509 Retroactive Medicaid (MFAM)

Medicaid is available for any one or more of the three calendar months preceding the application month, provided:

1. at least one member of the AG has received Medicaid reimbursable services during the retroactive period;
2. the individual meets all factors of eligibility during the month(s) he requests retroactive Medicaid.

The applicant may request retroactive Medicaid at any time, as long as the coverage period is for any one of three months prior to any Medicaid ~~or SSI~~ application.

Retroactive coverage is not affected by:

1. the application's disposition (approval or denial);
2. whether or not the individual was alive at the time of the application; or
3. when the request for assistance or request to add was made.

When the request for retroactive Medicaid for an unpaid bill(s) is for only one member of ~~an SFU~~ the household determine Medicaid eligibility for the individual ~~entire AG~~. Determine eligibility for each month there were unpaid medical services provided; do not consider the month the bill was issued. Accept the individual's statement that a member of the ~~SFU~~ household has an unpaid bill.

0630.1200 POSTHUMOUS BENEFITS (MFAM)

If an individual for whom assistance is requested is deceased, apply the following:

1. Accept an application for benefits from a relative or designated representative of the deceased or an administrator/trustee appointed by the court.
2. Determine eligibility for the individual ~~AG~~ as it existed prior to the individual's death.
3. Include the deceased individual's needs for the month(s) the individual was alive to determine the eligibility of other members of the AG.

Do not authorize Medicaid for a stillborn child.

0630.1300 KIDCARE PROGRAM (MFAM)

~~The KidCare Program is a simplified process for individuals to apply for children's health insurance coverage. Provide a copy of the Florida Healthy Kids and Florida KidCare Program Application to an individual applying for Medicaid for~~

~~children only. If seeking other program services, such as food stamps or Medicaid for adults, the individual must complete the appropriate application, and it will be processed in accordance with current procedures.~~

~~All KidCare applications mailed directly to Florida Healthy Kids (FHK) are screened for Medicaid eligibility. If the children are potentially eligible for Medicaid, FHK forwards the application to the Department's central processing unit(s). If the children are not Medicaid eligible, the FLORIDA system refers the case back to FHK when the denial notice is generated.~~

~~**Verification:** Confirm the income information provided by the applicant through data exchange or computer matching to the extent possible. Verify self-employment income as well as any inconsistencies. Do not delay Medicaid unless the information on the application is inconsistent.~~

~~**Citizenship Status:** If the child is not a U.S. citizen, request verification of the child's immigration status, but do not request verification of the parents' immigration status. Use current automated procedure to verify status.~~

~~**Child Support Enforcement:** The applicant is not required to cooperate with Child Support Enforcement in order to obtain Medicaid or other medical insurance. However, Child Support Enforcement Services are available.~~

0630.1500 SIMPLIFIED ELIGIBILITY FOR PREGNANT WOMEN (MFAM)

~~Pregnant women may apply for Simplified Eligibility for Pregnant Women (SEPW) coverage (MEDS for Pregnant Women) by completing a Health Insurance Application for Pregnant Women (Form CF-ES 2700). Coverage is limited to pregnant women with filing unit income equal to or below 185 percent of the federal poverty level. If the individual is seeking other program services, such as food stamps, provide an appropriate application and process it according to current procedures.~~

~~Obtain the social security number and date of birth of the pregnant woman for income verification purposes (data matching).~~

~~**Verification:** Prior to approval of the SEPW Medicaid the following items must be verified:~~

~~1. pregnancy,~~
~~2. citizenship or noncitizen status, and~~
~~3. questionable information on the application.~~

~~Verification of income is not required prior to disposition of the application unless there is reason to question the reported income. If income is not verified prior to~~

~~approval, it must be verified following approval, using electronic data exchange whenever possible. If no data exchange is received, verify the income using standard verification procedures, no later than the next eligibility review. Document CLRC with the type of verification used.~~

~~A woman is not required to cooperate with Child Support Enforcement while pregnant and during the postpartum period.~~

0810.0200 SIMPLIFIED REPORTING (FS)

Effective November 1, 2009 all food stamp households are simplified reporting.

~~Simplified reporting SFUs, that contain a member disqualified for IPV, fleeing felon, felony drug trafficking, or employment and training sanction, are not broad-based categorically eligible.~~ Simplified Reporting households must report a change when the total household income exceeds 130% of the federal poverty level ~~the monthly income limit~~ for the AG size or when an able-bodied adult subject to time limits has a change in work hours below twenty hours per week. Households in all programs must report any changes in the household living and/or mailing address. The SFU must report the change by the 10th day of the month following the month of change.

Process beneficial changes, sanction actions and data exchange responses that are considered verified upon receipt: Social Security (Bendex), State Data Exchange (SDX), Unemployment Compensation Benefit (DEUC), Vital Statistics Death Match (DEDT), and Numident (DENU). ACCESS Integrity staff will process prison incarceration information received directly from the Department of Corrections. Review responses from other data exchanges as part of the next review. Food stamp AGs that also receive TCA and/or Medicaid must report changes according to TCA and/or Medicaid Program requirements. Act on changes reported for TCA and/or Medicaid and make the change to affect all three programs. For beneficial changes, if the household fails to verify the information, leave the food stamp benefits the same. Do not act on reported adverse changes in food stamp only cases unless the change is the total household income exceeds 130% of the federal poverty level for the AG size. In combination cases with food stamps, TCA, and/or Medicaid, process adverse changes based on the information provided by the household.

0830.0100 ELIGIBILITY REVIEWS (MFAM)

An eligibility review reestablishes eligibility on all factors, resolves discrepancies and ensures correct benefits. If there are multiple AGs in the case, use the earliest review date of any AG in the case to review all AGs.

An eligibility review for Medicaid is defined as an application, an application summary via My ACCESS Account, an interim contact form, or any time all applicable items addressed in the interim contact letter are evaluated.

If it becomes necessary to close TCA or food stamps, evaluate the Medicaid portion of the case separately to determine if closure is appropriate. If the eligibility determination was completed within the last 12 months, do not close the Medicaid AGs, but close the other programs as appropriate. Keep the Medicaid AGs open, and schedule the eligibility review 12 months from the month Medicaid eligibility was last determined~~.~~, if the individual remains eligible.

For applications, assign a 12-month review period from the month of disposition, unless eligibility does not begin until a future month. At review, assign a 12-month review period from the month following disposition. For Medically Needy cases, evaluate the individual for reenrollment prior to the expiration of the current enrollment period.

If the household submits an application or interim contact form by the end of the eligibility period, use these rules for completing the review:

1. If the household provides all verifications by the end of the Medicaid eligibility period, take appropriate action by the end of the eligibility period.

2. If the household provides the verifications during the month following the month the review is due, leave the case open or reopen the case by the 30th day after the end of the eligibility period.

3. If the household does not provide all verifications by the 30th day after the end of the eligibility period, assess the correct Medicaid eligibility period or Continuous Medicaid.

Explore retroactive Medicaid for any lost months, if the applicant indicates they have unpaid medical bills for that period and all information needed to determine eligibility for that month is received.

0830.0101 Face-To-Face Interview (MFAM)

The same interview policy applies for applications and eligibility reviews.

~~Do not require a face-to-face interview unless a participant requests one, or the case is complex or error prone. Inform all individuals of the availability of appointments outside normal office hours and the criteria for out-of-office interviews.~~

~~Home visits are face-to-face interviews and must be scheduled in advance. Schedule an appointment for a face-to-face interview with a responsible~~

~~household member or designated representative. If either of these individuals is unable to come to the office due to mental or physical disability, advanced age, hospitalization, illness, transportation or other hardship, conduct the interview by telephone.~~

0830.0102 Who May be Interviewed (MFAM)

The same interview policy applies for applications and eligibility reviews.

~~Conduct interviews with a responsible member of the SFU (except for a sponsor), a designated representative, or a specified relative of the SFU. A responsible member is any member able to represent the SFU by providing sufficient and accurate information concerning the SFU's circumstances.~~

~~The responsible member may be an adult or a responsible minor in the SFU. If the responsible member is a minor under the parental control of an adult, confirm the minor's representative status with an adult household member.~~

~~If the household member or a designated representative is not responsible, that member may not represent the SFU and may not designate a representative. Record the information that supports this decision.~~

~~**Exception:** Do not interview or allow eligibility staff to act as a designated representative, unless no other individual is available to act on behalf of the recipient. The ACCESS Region or Circuit Program Office must provide written approval of each designation.~~

0830.0500 CHANGES (MFAM)

A change (expected or unexpected) may affect eligibility or level of benefits.

Expected: Expected changes become due on the first day of that month and become overdue on the first day of the following month. ~~Set an expected change in the following situations:~~

~~1. A child in the AG will reach an age limitation for a coverage group;~~
~~An individual anticipates receipt of or a change in income, or a return to work;~~
~~2. A management review is required;~~
~~3. A check on approval of Social Security, Unemployment Compensation, or other benefits for which the individual applied is required;~~
1. An individual anticipates receipt of or a change in income, or a return to work;
2. The birth of a child will occur;

3. To obtain the Social Security number in the second month following the month any member of an AG applies for a Social Security number. If the Social Security number has not been received, reschedule the partial for the following month and each subsequent month until the number is obtained;
4. To determine the outcome of the petition to the court in the third month following the month the Department becomes aware of a trust that could have an effect on the AG's eligibility. If there is delay in a court decision, schedule a partial every two months thereafter until a decision is reached;
5. To explore continued eligibility in the second month of postpartum coverage.

Unexpected: If the change does not require verification, complete action on the case within 10 calendar days of the date the Department becomes aware of the change. If the change requires verification to process, take action to place the case in pending status within two business days.

If the requested information relates to income ~~or assets~~, base the determination on the recipient's self-attestation ~~declaration~~, unless the information is questionable or makes the individual or family ineligible. Use the data exchange system as verification when possible.

Examples of unexpected changes include, but are not limited to:

1. changes in income, ~~assets or child care expenses~~;
2. relocation of an SFU;
3. a change in composition of the SFU;
4. a change in living situation;
5. corrective action for a case that failed to process;
6. application or removal of sanctions;
7. changes in Medicaid coverage groups; or
8. notification of pregnancy and ~~need to establish separate~~ addition of the unborn PEN ~~case for the unborn~~.

If delay in reporting the change or acting on the change causes overpayment, complete a referral to BR.

Effective Date of Change: With the exception of the addition of new members, changes that result in a beneficial or adverse change are effective according to the following time frames:

1. Beneficial: the first day of the month the change is reported or becomes known to the Department.
2. Adverse: the first day of the next month the change can be made allowing for 10 days adverse action notice.

0830.0506 Adding Individuals to Existing Cases (MFAM)

When adding individuals, explore continued eligibility of the existing group. If adding an individual causes an existing individual ~~AG~~ to be ineligible for a ~~categorical~~ coverage group, assess eligibility under ~~Meds and/or~~ other coverage groups. ~~Medically Needy Program.~~

The add date for newborns is the date of birth. The add date for all other individuals is the first day of the month the individual contacts the Department verbally or in writing. Retroactive Medicaid is available for any one or more of the three months prior to the add date if the individual is eligible for the month(s).

0830.0509 Removing Individuals From Existing Cases (MFAM)

If an individual in the assistance group is determined to be prospectively ineligible for the following month, his needs must be removed the following month. If it is not possible to give a 10 day advance notice to cancel or remove the individual, an overpayment exists for the interim month.

When an individual is removed from the AG, continue to budget their income, if they are a member of the household.

0830.0600 EX PARTE DETERMINATIONS (MFAM)

An ex parte determination assesses whether a Medicaid individual ~~AG member~~ who ~~that~~ is no longer eligible under one coverage group is eligible under a different coverage group. Continue Medicaid until the ex parte process ~~has been~~ is completed. This includes the automatic transfer(s) to Florida Healthy Kids and the Federally Facilitated Marketplace.
An ex parte determination does not require a new application. There is no requirement for the individual to contact the Department to initiate the ex parte determination. When the determination is complete, send the individual a notice of case action advising of their eligibility. If no one is eligible or is eligible only for Medically Needy with a SOC, notify the individual, ensuring 10 days advance notice.

Perform ex partes when:

1. An increase in income ~~or assets~~ causes ineligibility.
2. A child turns age 18 and is ~~a member of~~ in a MAGI based coverage group ~~1931~~ or transitional Medicaid AG.
3. An adult or child ~~who has been~~ receiving MAGI Medicaid coverage claims disability~~.~~, evaluate eligibility under SSI-Related Medicaid. Continue MAGI Medicaid ~~and request~~ pending a disability decision from DDD.
4. The transitional Medicaid period expires or ends when the last child turns 18.
5. The PEN coverage ends.

6. Cancellation of an individual's SSI Medicaid.
~~7. A child becomes ineligible for Medicaid through KidCare.~~

For Extended Medicaid:

1. An ex parte determination must be completed in the fourth month to determine if coverage under another group exists. An eligibility review must be done if one has not been done within the past 12 months.
2. If loss of income from spousal support is reported at any point during the four months of extended Medicaid, an ex parte review must be completed.

For Postpartum Medicaid:

An ex parte determination must be completed in the last month of the two-month period. The recipient must be notified of any changes in Medicaid status following the ex parte determination.

For Presumptively Eligible Newborns (PEN)

An ex parte determination must be completed prior to the end of the child's presumptive eligibility. No verification of U.S. citizenship or identity will be needed for these children, even after the presumptive period ends.

~~An ex parte determination does not require a new application. There is no requirement for the individual to contact the Department to initiate the ex parte determination. When the determination is complete, send the individual a notice of case action advising of their eligibility. If no one is eligible or is eligible only for Medically Needy with a SOC, notify the individual, ensuring 10 days advance notice.~~

Do not perform an ex parte determination when:

1. an individual fails to return requested information;
2. an individual moves out of state;
3. the Department is unable to locate the individual; or

an individual requests voluntary cancellation of Medicaid.

0830.0700 MASS CHANGE (MFAM)

Certain changes may affect the entire caseload or significant portions of the caseload. Examples of mass changes include but are not limited to:

1. annual adjustments to the net income eligibility standards.

2. periodic cost of living adjustments to Social Security, SSI, and other federal benefits; and
3. other changes in the eligibility criteria based on legislative or regulatory actions.

~~The mass change module of FLORIDA processes all mass changes and issues specific instructions regarding each mass change activity~~. Certain exceptions or adverse actions may have to be processed individually.

0830. 0800 CONTINUOUS MEDICAID ELIGIBILITY (MFAM)

After Medicaid eligibility has been established, children who become ineligible for Medicaid for any reason may remain on Medicaid for up to twelve months from the last application, eligibility review or addition to Medicaid coverage. Children up to age 5 receive a minimum of twelve months of continuous Medicaid coverage. Children age five up to 19 receive a minimum of six months of continuous Medicaid coverage.

If it is later discovered that the child was not eligible at the point eligibility was determined, continuous Medicaid does not apply. An ex parte review must be completed to explore eligibility in other categories.

Note: A child determined eligible for Medicaid any day prior to turning age five continues to receive Medicaid for twelve months without redetermination or verification of eligibility.

Months of Medicaid received since the most recent application or eligibility review count toward the six or twelve months of continuous Medicaid eligibility. Count the first month of eligibility as month one if the last action is an application. If the last action is an eligibility review, count as month one the month following the date the eligibility review was completed. Retroactive Medicaid does not count as a month of continuous Medicaid coverage.

1410.0300 RESIDENCY (FS)

Individuals must live in the state, but do not have to have the intent to permanently reside in the state in which they make application. Individuals in the state solely for vacation purposes are not considered residents. A fixed living or mailing address is not required.

Temporary Cash Assistance requirements for residency will be applied to categorically eligible assistance groups. Homeless individuals ~~and residents of public or private non profit shelters for the homeless~~ are considered residents~~. Individuals who reside temporarily in the residence of another individual can be considered homeless for no more than 90 days~~.

Residency must be verified. This can be accomplished in conjunction with verification of other factors including identity, and through collateral contact or other available documentary evidence.

1410.1101 Residents of Institutions (FS)

Residents of institutions, with certain exceptions, are not eligible to participate in the Food Stamp Program. Individuals are considered residents of institutions when the institution provides them with the majority of their meals (50% of three meals a day) as a part of its normal services, and the institution has not been authorized by FNS to accept food stamps.

Individuals of any age who are prisoners, inmates, detainees, or convicts placed under detention or custody of a Federal, State, or local penal, correctional, or other detention facility or institution for more than 30 days are not eligible for food stamp benefits.

~~Actual place of residence is not a factor in determining whether an individual is a resident of an institution.~~ Students who purchase a majority of their meals at one of the school's facilities are considered residents of an institution regardless of whether obtaining meals at a school facility is mandatory or optional.

Individuals who do not receive their meals from the institution but who prepare their own food, are participating in the Delivered Meals Program, or a Communal Dining Program, are eligible for food stamps if the institution is not authorized to accept food stamps.

1410.1102 Exemptions from Institutional Provisions (FS)

The following individuals residing in group facilities are not considered residents of an institution for the purpose of qualifying for the Food Stamp Program:

1. any narcotics addict or alcoholic who resides at a facility or treatment center under the supervision of a Drug/Alcoholic Treatment and Rehabilitation Program unless the individual of any age is under detention or custody of a Federal, State, or local penal, correctional, or other detention facility or institution for more than 30 days;
2. residents of federally subsidized housing for the elderly under either Section 202 of the Housing Act of 1959 or Section 236 of the National Housing Act;
3. certain blind/disabled individuals who live in authorized small group living arrangements licensed for 16 residents or fewer;
4. women or women with children temporarily residing in a shelter for battered women and children (such individuals shall be considered individual household units for purposes of applying for and participating in the program); or

5. residents of public or private nonprofit shelters for homeless individuals.

Chapter 2200 describes special provisions for the residents of these facilities.

1420.0805 Definition of Living in the Home (TCA)

The child must live on a continual basis in the home of the parent or specified relative. In cases where both parents are awarded joint custody and visitation provides for partial residence with each parent, living in the home may exist if the conditions as outlined in 1420.0719 are met. A home need not be a fixed dwelling. The home is considered the family setting shared by the parent/relative. This "home" may include a group facility such as a drug treatment center, spouse abuse center or maternity home. The parent/relative must assume and continue to take day-to-day care and responsibility for the child in this family setting. The type of facility, length of stay, setting for the child in the facility and responsibility for the child's supervision and care must be carefully evaluated.

Individuals are not considered to be in a family setting or to be "living in the home" and are ineligible for assistance if they are:

1. inmates, prisoners, detainees, or convicts under detention or custody of a Federal, State, or local penal, correctional, or other detention facility ~~of a public institution such as a prison, correctional school~~ or psychiatric facility or institution; or
2. in a licensed maternity home where their care is being paid for by the state.

For Title IV-E, a child born to a mother who is incarcerated or does not plan to bring the child home from the hospital, the technical factor of living in the home is considered met.

1430.0005 Family-Related Medicaid Technical Factors (MFAM)

The technical factors that must ~~may~~ be considered are:

1. US Citizenship~~/noncitizen status~~,
2. Noncitizen status,
3. Social Security number~~,~~/welfare enumeration,
4. Residency,
5. Age,
6. Identity ~~Deprivation~~,
7. ~~Living in the home of a~~ Parent or other caretaker ~~specified~~ relative living in the home with a child,
8. Pregnancy,
9. Cooperation with child support, and
10. Assignment of rights for third party liability.

1430.0100 CITIZENSHIP/NONCITIZEN STATUS (MFAM)

The eligibility determination must include an evaluation of ~~specialist must evaluate~~ the citizenship/noncitizen status for each individual who applies for Medicaid. Citizenship information of those family members who are not applying for benefits is not required. Non-receiving members are to be asked only if they are citizens or noncitizens, not their U.S. Citizenship and Immigration Services status. The criterion in this section does not apply to the Emergency Medicaid for Aliens (EMA) Program.

1430.0101 Declaration of Citizenship/Noncitizen Status (MFAM)

Each applicant applying for public assistance must declare in writing whether each individual in the assistance group (AG) is an U.S. citizen, or a noncitizen in lawful immigration status.

An application declaring the citizenship/noncitizen status must be signed under penalty of perjury for all household members applying for assistance as a condition of eligibility. ~~The form must be signed at application and when adding individuals to the AG.~~ An adult applicant or designated representative may sign the application declaring the citizenship/noncitizen status of all members.

1430.0103 Verification Sources for U.S. Citizens (MFAM)

United States citizenship must be verified for all individuals who claim to be citizens, including those who are naturalized and those born abroad to U.S. citizens. If we have verification in our records, do not ask for it again, unless it appears fraudulent.

Exceptions: Presumptively eligible newborns (even after the first year), individuals who receive SSI, any part of Medicare, Social Security Disability based on their work history and children in the care of the Department are exempt from this requirement.

The following sections discuss what documents may be accepted as verification of U.S. citizenship and identity.

The following can be used to document U.S. citizenship and identity:

1. A U.S. passport (can be expired),
2. A Certificate of Naturalization (DHS form N-550 or N-570),
3. A Certificate of Citizenship (DHS form N-560 or N-561) or,
4. Data from the Driver's And Vehicle Express (DAVE) system~~.~~,
5. Data from the Federal Data Services Hub.

The following can only be used to verify citizenship (must show a U.S. place of birth):

1. BVS record (MNOV or DEBP) if born in Florida,
2. VIS-CPS (SAVE) for naturalized citizens (must have their A#),
3. Verification of eligibility under the Child Citizenship Act of 2000, including the U.S. citizenship of the parent,
4. A U.S. birth certificate (originally issued prior to age five) (except for voided Puerto Rican birth certificates after September 30, 2010),
5. A final adoption decree, or if the adoption is pending and no birth certificate can be issued, a statement from the state adoption agency (U.S. born children),
6. A Report of Birth Abroad of a U.S. citizen (forms FS-240, FS-545 or DS1350),
7. A U.S. Citizen I.D. card (DHS form I-197 or I-179),
8. A Northern Mariana ID card (I-873),
9. An American Indian card (I-872, with “KIC” code),
10. Proof of civil service employment before 6/1/76, or
11. Official military record of service (ex.DD-214).

If none of the above documents exist or can be located, the following documents can be used to verify U.S. citizenship if they show a U.S. place of birth and are dated five years prior to the Medicaid application (unless for a child under age five):

1. Extract of hospital birth record on hospital letterhead (not a souvenir birth certificate),
2. Life or health insurance record with a U.S. place of birth,
3. Early school record, or
4. Religious record (ex baptism) within three months of birth.

If none of the above documents exist or can be located, the following documents can be used to verify U.S. citizenship if they show a U.S. place of birth and are dated five years prior to the Medicaid application (unless for a child under age five):

1. Federal census records from 1900-1950 showing the age and place of birth (the five year rule does not apply),
2. Tribal census records,
3. An amended birth certificate, after age five,
4. A signed statement from the doctor or midwife who was present at the birth,
5. Nursing home institution records that contain biographical information,
6. Medical records with biographical information,
7. Listed on the roll of Alaskan natives, or

8. A written statement signed under penalty of perjury by at least two people who have personal knowledge of the event(s) – (One cannot be related.). They must also prove their own citizenship and identity. A separate statement by the applicant/recipient/representative, signed under penalty of perjury, must also be completed stating why the documentation could not be obtained.

1430.0103.01 Reasonable Opportunity Period (MFAM)

Individuals declaring their United State citizenship shall be given a reasonable opportunity period of 90 days to submit proof of citizenship when their citizenship cannot be verified through the Federal Data Services Hub. During the reasonable opportunity period, Medicaid can be approved, provisionally, if the individual meets all other factors of eligibility. If the individual is unable to show proof of citizenship after the reasonable opportunity period, Medicaid is terminated after advance notice of adverse action is provided

1430.0113 Battered (MFAM)

A battered spouse or child, or parent or child of a battered person with a petition pending under Section 204(a)(1)(A) or (B) or 244(a)(3), as determined by USCIS are defined as noncitizens who are, or have been battered or subjected to extreme cruelty in the United States by a family member with whom they reside. This includes a noncitizen whose child or a noncitizen child whose parent has been abused. The phrase battered or subjected to extreme cruelty includes, but is not limited to, being the victim of any act or threatened act of violence.

Noncitizens who claim to be battered must satisfy all of the following requirements:

1. Show that noncitizen has an approved or pending petition which makes a prima facie case for immigrant status in one of the following categories:

   a. a Form I-130 filed by their spouse or the child's parent;
   b. a Form I-130 petition as a widow(er) of a U.S. citizen;
   c. an approved self-petition under the Violence Against Women Act (including those filed by a parent; or
   d. an application for cancellation of removal or suspension of deportation filed as a victim of domestic violence.

2. The noncitizen, the noncitizen's child or the noncitizen child's parent has been abused in the U.S. under the following circumstances:

a. The noncitizen has been battered or subjected to extreme cruelty in the U.S. by a spouse or parent of the noncitizen, or by a member of the spouse's or parent's family residing in the same household if the spouse or parent consent to the battery or cruelty.
b. The noncitizen's child has been battered or subjected to extreme cruelty in the U.S. by a spouse or parent of the noncitizen, or by a member of the spouse's family residing in the same house if the spouse or parent consents to the battery or cruelty, and the noncitizen did not actively participate in the battery or cruelty.
c. The parent of a noncitizen child has been battered or subjected to extreme cruelty in the U.S. by the parent's spouse, or by a member of the spouse's family residing in the household as the parent, if the spouse consents to or allows such battery or cruelty.

1. The battered noncitizen, child, or parent no longer lives in the same household as the abuser(s).

2. There is a substantial connection between the battery or extreme cruelty and the need for public assistance.

Proof of the battered status includes:

1. individual’s statement for proof of no longer living with the abuser and direct connection between battery and need for public assistance,
2. approved petitions or orders granted by USCIS,
3. restraining order or criminal conviction against the abuser,
4. charges brought about that lead to the conviction of the abuser, or
5. credible evidence of the abuse which includes but is not limited to, reports or affidavits from law enforcement, judges or other court officials, medical personnel, school officials, social workers, mental health providers, other social service agency personnel, legal documents, residence in a battered spouse shelter or similar refuge, photographs of the injuries, or sworn affidavits from friends, family members, or other third parties with personal knowledge of the battery or cruelty.

There ~~The eligibility specialist~~ cannot be any delay in the authorization of an application or request for additional assistance while awaiting verification to establish battery or extreme cruelty. If it is later discovered that the noncitizen does not meet these criteria, a Benefit Recovery referral must be made.

Note: These individuals are subject to the five-year ban if entry is after 8/22/96.

Note: The eligibility determination ~~specialist~~ does not need to include ~~determine~~ if the battered noncitizen meets the three criteria listed above for noncitizens who

meet one of the other qualified noncitizen statuses unless it is to the noncitizen's advantage such as sponsored noncitizens.

1430.0114 Verification Requirements for Noncitizens (MFAM)

The eligibility determination ~~specialist~~ must include verification of ~~verify~~ the immigration status of all non-citizens applying for or receiving Medicaid through the U.S. Citizenship and Immigration Services (USCIS) if the information was not verified through the HUB. The Verification Information System-Customer Processing System (VIS-CPS) is used to verify the immigration status.

If a noncitizen does not want the agency to contact USCIS to verify immigration status, the household has the option of withdrawing the application or excluding that individual from the assistance group. If the individual is excluded as technically ineligible, we will not attempt to obtain any documentation of status for that individual. If a noncitizen is unable to provide any documentation to verify immigration status the eligibility specialist is not responsible for contacting USCIS on the noncitizen's behalf unless the individual requests assistance in obtaining documentation or verification of immigration status.

An expired noncitizen registration card does not necessarily mean that the noncitizen lost their immigration status. If VIS-CPS does not indicate the noncitizen has an acceptable status, the noncitizen should be referred to USCIS to obtain current USCIS documentation. If obtaining USCIS documentation would place an undue hardship on the noncitizen, or the noncitizen is hospitalized or suffers from a medical disability, the eligibility specialist must have the noncitizen declare their noncitizen status and continue to process the application. The USCIS documentation provided will be manually verified with USCIS.

Examples of undue hardship include, but are not limited to, living a distance from the USCIS office, lack of transportation, or a several months waiting period for an appointment with USCIS.

If a noncitizen does not have any documentation of immigration status, but can provide the "noncitizen registration number", the eligibility specialist will verify the number using the VIS-CPS system. If the number is verified, and VIS-CPS indicates the individual has an immigration status, this is acceptable documentation of the noncitizen's immigration status for all programs. However, the individual's identity must be verified to ensure the noncitizen registration number belongs to the individual.

Note: If a noncitizen provides any form of USCIS documentation, regardless of the expiration date, showing an eligible Immigration Act section, the eligibility specialist must accept the documentation and verify the individual's status through the VIS-CPS system. When the VIS-CPS system requests secondary

verification, benefits may not be withheld pending response from the secondary verification, providing all other technical eligibility factors are met.

If the secondary verification shows that the noncitizen no longer has an eligible immigration status, a Benefit Recovery referral will be initiated for the total amount of assistance received during the interim investigation period.

1430.0200 SOCIAL SECURITY NUMBER (MFAM)

The eligibility determination ~~specialist~~ must include obtaining ~~obtain~~ a Social Security number (SSN) for each individual or verify that the individual has applied for an SSN as a condition of eligibility. This requirement does not apply for the Emergency Medical Assistance for Noncitizens Program. The purpose of the SSN is to identify income and assets held by an individual.

A verbal statement providing the SSN is sufficient as the SSN is validated through data exchange. If the SSN is unknown or has never been obtained, the individual must:

1. Apply for an SSN through the welfare enumeration system at the local DCF office. (Original evidence of age, identification and citizenship or noncitizen status must be sent by the eligibility specialist to the local Social Security Administration (SSA) office with the completed SS-5. Refer to the FLORIDA Desk Guide for procedures for routing the SS-5.); or
2. Apply for an SSN through the local SSA office (The SSA filing receipt for application must be presented to the eligibility specialist as evidence that the individual has applied.); or
3. Apply for an SSN through the Florida enumeration at birth process.

Evidence that the individual has applied includes:

1. an SSA 2853 indicating that an SSN was requested at the hospital,
2. the child's birth certificate with "yes" annotated in Section 11d, or
3. a screen print from BVS with a "y" indicator in the child issue field.

~~The eligibility specialist~~ There must be a request that SFU members whose income ~~and/or assets~~ are included in the budget, but who are not members of the assistance group, provide their SSN for purposes of data exchange. These individuals are not required to comply with this request.

1430.0204 When SSN is not Provided/Refusal to Apply (MFAM)

If an individual fails to provide or apply for an SSN on his own behalf or on the behalf of the individual's child (ren), ~~the needs of~~ that individual or child,

whichever is applicable, ~~must be excluded from the assistance group~~ is technically ineligible and is denied.

If a child resides in a facility or with a nonrelative and the child's parent, caretaker relative, or designated official of the facility fails to apply for an SSN for that child, the child is ineligible.

1430.0206 SSN Application Follow-Up (MFAM)

~~The eligibility specialist~~ There must be a request for an SSN at each future contact, once the application for an SSN has been made.

After 90 days, if an individual who has applied for an SSN has not received an SSN, there must be a determination to evaluate ~~the eligibility specialist must determine~~ if another SS-5 should be submitted.

~~The eligibility specialist~~ Department staff must contact the individual the second month after the month of application for an SSN and each month thereafter until the number is received.

If an individual has not received an SSN by the next complete eligibility review, the staff ~~eligibility specialist~~ must resubmit an SS-5, but no sooner than three months from the previous SSN application.

1430.0207 SSNs Not Validated Through Data Exchange (MFAM)

If validation does not occur through data exchange, the eligibility specialist must obtain verification of the individual's SSN to ensure the correct number is being submitted for verification. The following documentation is acceptable:

1. SS card;
2. Correspondence from SSA containing the individual's name and account number (if the number has an A, J, M or T suffix, this is the SSN);
3. A Social Security check issued on the individual's own account number;
4. A Medicare card issued on the individual's own account number (if there is an A, J, M or T suffix, this is the SSN); or
5. An SSA certificate of award, which will contain a claim number (if there is an A, J, M or T suffix, this is the SSN).

~~The eligibility specialist~~ Department staff must establish that coverage is provided under the individual's own account number and not as a beneficiary under another's account number.

1430.0400 IDENTITY (MFAM)

The identity of each U.S. citizen applying for, or receiving Medicaid must be documented.

Exceptions: Presumptively eligible newborns (even after the first year), individuals who receive SSI, Medicare (any part), Social Security Disability based on their work history and children in the care of the Department are exempt from this requirement.

The following documents are acceptable as proof of identity:

1. State driver's license with photo or other identifying information;
2. State ID card with photo or other identifying information;
3. School ID card with photo (for children under 16, includes nursery, daycare records, or school records, including school conference records and no photo is required);
4. Clinic, doctor, or hospital record for children under 16 (except for voided Puerto Rican birth certificates after September 30, 2010);
5. U.S. military card or draft record;
6. A military dependent's ID card;
7. Federal, state, or local government ID card with photo;
8. A certificate of Indian blood;
9. Native American tribal document;
10. Three or more of the following documents unless a fourth tier verification of citizenship was used:
    a. Marriage license,
    b. Divorce decree,
    c. High school diploma,
    d. Employer ID card, or
    e. Any other document from a similar source.
11. Food Stamp, CSE, Department of Corrections, child protection and DJJ data records,
12. U.S. Coast Guard merchant mariner card; or
13. Attestation (a written, signed statement under penalty of perjury) for children under age 16, or a disabled adult living in a residential facility, stating the date and place of birth. (c~~C~~annot be used if statement was used for citizenship verification.)

Do not accept a Social Security card, birth certificate, voter's registration card or Canadian driver's license for identity verification.

An automated, real-time, process to verify the identity of the primary information person will be conducted through identity proofing. Before submitting an online application, the applicant will be prompted to answer a series of questions about himself or herself. The information provided will be matched against a data collection/storage system. If enough questions are answered correctly, the system will return a response confirming the individual's identity.

1430.0500 AGE (MFAM)

Children in the assistance group must meet requirements for the factor of age in order for the assistance group to be eligible. A child must be under age 21 to be eligible for assistance.

~~**Exception:** For MEDS eligibility and PMA children living with a nonrelative, a child must be under age 19.~~

1430.0504 Definition of a Child (MFAM)

An individual is considered a child ~~until~~ if under the age of 21, and is ~~if living with a parent or relative and unmarried. For 1931 Medicaid, a child must be~~ unmarried, and not legally emancipated, ~~and under age 18.~~ A child is unmarried when the child has never been married or was married and the marriage was annulled.

Children ages 19 to 21 may be eligible for Medicaid based on the same MAGI federal poverty level of a parent or caretaker relative.

A child is eligible to receive assistance on the factor of age through the month of the child's appropriate birthday unless born on the first day of the month. Eligibility then ceases effective the birth month.

~~Refer to Section 1430.1000 for treatment of unborn children.~~

1430.0700 DEPRIVATION (MFAM)

~~Each child in the assistance group must be deprived of the support or care of one or both parents except for PMA related Medicaid.~~

~~Each child in the assistance group must be deprived based on one of the following reasons:~~

~~1. death of one or both parents,~~
~~2. existence of only one legal parent,~~
~~3. continued absence of one or both parents,~~
~~4. incapacity of one or both parents, or~~
~~5. unemployment or underemployment of the parent(s).~~

1430.0701 Who is Considered a Parent (MFAM)

A "parent" is defined as a natural, biological, adopted or step parent.

~~1. The natural or biological mother of the child,~~
~~2. The adoptive mother or father,~~

~~3. The natural or biological father of the child, or~~
~~4. The legal father.~~

~~Refer to passages 1430.0702 and 1430.0703 for definitions of natural biological fathers and legal fathers.~~

1430.0702 Definition of Biological Father (MFAM)

An individual is the biological father when he or the child's mother alleges that he is the biological father, and the Department has made a non-judicial determination of paternity.

When the child has a legal father and the mother alleges that someone else is the biological father, the alleged biological father cannot be considered the child's parent until paternity of the alleged biological father is legally established. ~~In this situation, the alleged biological father's presence in the home does not affect deprivation.~~

~~**Note:** Under these circumstances, even if the biological father cannot be considered the child's parent for the purpose of establishing deprivation, the biological father can be considered a specified relative if the eligibility specialist makes a "non-judicial" determination of paternity. Refer to passage 1430.0803.~~

1430.0706 Biological Parents (MFAM)

Biological parents, the birth mother and the natural biological father are considered parents of the child, except as noted in passage 1430.0705. ~~When a mother and natural father both reside in the home, the eligibility specialist must make a nonjudicial determination of paternity in order to establish if deprivation exists.~~

~~1430.0710 Required Contact with Non-Custodial Parent (MFAM)~~

~~A contact must be made with the absent parent (legal or nonlegal) when any address (last known or current) is known at the time of application (including when a child is added) and every complete eligibility review. This includes a contact with the absent parent of an unborn child.~~

~~This contact must be made to obtain deprivation information and to determine if the absent parent is supporting the child (ren). The contents of the discussion should be recorded. If the eligibility specialist cannot contact the absent parent(s) this also must be recorded. The exceptions to this requirement are described in passage 1430.0711.~~

Note: If the eligibility specialist does not question the information/verification provided by the individual regarding the absent parent's support, the case should not be held pending for a reply from the absent parent.

1430.0711 Exceptions to Contact the Non-Custodial Parent (MFAM)

A contact will not be made with the absent parent when:

1. Child Support Enforcement (CSE) has an open state collection case;
2. the absent parent is incarcerated in a state or federal institution (when the absent parent is in a county jail, the contact is still required);
3. a good cause exception exists or is pending approval; or
4. prior correspondence was returned by the post office postmarked "moved, left no forwarding address".

1430.0712 Reasons for Deprivation (MFAM)

Children and unborn child (ren) must be deprived of the support or care of their mother or father (legal or non-legal natural father). When a pregnant woman is married, the man to whom she is married is presumed to be the legal father of the unborn child.

Deprivation can exist for the following reasons:

1. the mother and legal father live in the home and one or both are incapacitated;
2. a parent is continuously absent from the home due to death, desertion, marital separation, incarceration, or divorce;
3. the natural father is continuously absent from the home (if there is no legal father); or
4. the mother and father (legal or non-legal) live in the home and their income is below the payment standard for the size of their assistance group.

Note: When the non-legal father resides in the home with the child and the mother, and denies that he is the natural father of the child, deprivation is considered to exist until such time paternity is established.

1430.0713 Deprivation Due to Death (MFAM)

A child is deprived when one or both parents are deceased. The surviving parent or caretaker relative must provide information on the deceased parent's date and place of death. The individual's statement is sufficient unless questioned. Whenever possible, the eligibility specialist must secure additional information, such as:

1. Death certificate,
2. Funeral director's records,

3. Hospital/cemetery records,
4. Police records
5. Newspaper notice,
6. Social Security records, or
7. Military or VA records.

The possibility of the child being eligible for survivor's pensions, of any type, must be explored. This information must be recorded at application and each complete eligibility review.

1430.0714 Deprivation Due to Single Parent Adoption (MFAM)

Deprivation due to the absence of one legal parent from the home is considered to exist in cases in which a single individual adopts a child, regardless of whether the parent later marries, and the spouse becomes the adopted child's stepparent. For purposes of Child Support Enforcement requirements, there is no absent parent in these cases.

1430.0715.01 Continued Absence of One or Both Parents (MFAM)

A child is considered to be deprived when one or both parents are continuously absent from the home. This occurs when:

1. A parent(s) is(are) anticipated to be absent from the home for at least 30 days duration without interruption;
2. This absence is the result of desertion, separation, divorce, incarceration, or removal of custody due to a court order; or
3. The parents have never resided in the home or may not have assumed parental responsibilities.

1430.0715.02 Reasons for Continued Absence (MFAM)

There are six general reasons for continued absence:

1. marital separation,
2. incarceration,
3. desertion,
4. divorce,
5. legal prohibition against living with the child, or
6. other.

1430.0716 Marital Separation (MFAM)

Separation exists when there is a break in the marital ties however; the absent parent is fulfilling some of his responsibilities for the care, supervision, or support of the child.

~~If the separation was "planned" and does not break marital ties, deprivation does not exist. Separations for economic stability, education, or employment purposes would be in this category.~~

~~Information must be obtained from the parent or caretaker relative concerning the circumstances of the separation, such as: the absent parent's address and the contacts he maintains with the family, the date the separation occurred, and the frequency of contact. Contact with the absent parent must be made to confirm separation information and verify child support. The contact with the absent parent must be recorded. If a contact is not possible, this fact must also be recorded.~~

~~1430.0718 Determination of Desertion (MFAM)~~

~~Desertion exists when one or both legal parents have completely abandoned all responsibilities for the care, guidance, supervision, and support of a child.~~

~~To determine if desertion has occurred, the eligibility specialist must obtain information from the parent or caretaker relative concerning the following:~~

1. ~~Circumstances of the desertion,~~
2. ~~The absent parent's address, and~~
3. ~~The contacts that the individual maintains with the family.~~

~~Verification of desertion may be obtained through contacts with:~~

1. ~~Family members,~~
2. ~~Friends, and/or~~
3. ~~School personnel (who can provide address verification of the child and the individual to contact in an emergency situation).~~

~~Note:~~ ~~If the caretaker relative of a child indicates that the parents are living together apart from the child, a decision as to whether the child is temporarily absent from the home must be made. If it is determined that the child is temporarily absent from his parent's home, then he is not eligible to be included in the requestor's TCA assistance group.~~

~~1430.0719 Divorce (MFAM)~~

~~Divorce is a legal severance of marital ties. Information must be obtained from the parent or caretaker relative concerning the date and place the divorce was obtained. Divorce information must be recorded at application and each eligibility review. The eligibility specialist should request a copy of the divorce decree if the information is questionable. Examples of questionable circumstances would be:~~

1. When there are questions as to current ownership of joint marital assets.
2. When there are questions concerning possible income from alimony or child support payments.
3. When there are questions concerning which parent has primary custody of children.
4. If parents are awarded joint custody of the child and visitation provides for partial residence with each parent, the eligibility specialist must establish one parent as the primary caretaker of the child.

The eligibility specialist must involve both parents in establishing the primary caretaker. The parents must agree on this decision in order for deprivation to exist. If the absent parent is not cooperative, then a verbal statement from the parent is acceptable.

Once the primary caretaker has been established, the child would be considered temporarily absent during the time period he is with the other parent.

1430.0720.01 Prohibition against Living with Child (MFAM)

There are three instances involving legal prohibition against living with the child. These are:

1. temporary removal of custody,
2. deportation of a parent from the United States, and
3. resident citizen of a foreign country unable to legally enter the U.S.

1430.0720.02 Temporary Removal of Custody (MFAM)

Deprivation exists when children are temporarily removed from the custody of their parents. Parental rights may be temporarily terminated when a child is removed by court order from the custody and control of his parents. Such parents continue to have the obligation to support the child and may have visitation rights.

Clearances must be made with the Region or Circuit Program Office in these instances where both parents from whom custody has been removed are no longer continually absent from the home. Documentation as to the date, place, and type of court action must be filed in the case record. Sources of documentation include current court orders, custody papers, and protective services/child welfare records.

Temporary removal of custody is not the same as permanent severance of parental rights. Severance or termination of parental rights is a legal action by which parental rights are permanently removed and the parents generally do not continue to have the obligation to support the child and visitation rights are denied.

~~**1430.0720.03 Deportation of a Parent (MFAM)**~~

~~Deprivation exists when a parent is deported from the United States. Information given by the parent or caretaker relative concerning the date and place of deportation is sufficient verification to establish the fact of deportation. If deportation is questionable, the eligibility specialist may obtain additional information through immigration records.~~

~~**1430.0720.04 Resident Citizen of a Foreign Country (MFAM)**~~

~~Deprivation exists when one or both parents are resident citizens of a foreign country and are unable to legally enter the United States. Information given by the parent or caretaker relative concerning the reasons that the absent parent cannot enter the U.S. is sufficient to establish the factor of deprivation if it is for political or medical reasons, and it is known that current immigration laws prohibit entry into this country for the specific reason given.~~

~~When two parents are residing together apart from the child, and one or both parents are unable to legally enter the U.S., deprivation exists. If ability to legally enter is questioned, the eligibility specialist must obtain all pertinent facts and request assistance from USCIS.~~

~~**1430.0721.01 Other Continued Absences (MFAM)**~~

~~Deprivation due to continued absence is considered to exist when the non-legal father is not living in the home with the mother and child or pregnant woman, or the mother or legal father live apart from the child.~~

~~**1430.0721.02 Verification - Other Continued Absences (MFAM)**~~

~~Information must be obtained from the parent or caretaker relative concerning the circumstances of the continued absences. A contact must be made with the absent parent(s) if possible to obtain information and determine if the absent parent(s) is providing support. Refer to passage 1430.0711 for exceptions to absent parent contacts.~~

~~**1430.0722 Incapacity (MFAM)**~~

~~Exists when both parents live together:~~

~~1. and one or both parents are determined to be physically or mentally incapacitated.~~
~~2. although one parent is absent due to an incapacitating condition.~~

~~1430.0722.01 Definition of Incapacity (MFAM)~~

~~Incapacity exists when the parent has a physical or mental illness, impairment, or defect supported by medical evidence and expected to last longer than 30 days. The incapacity must be severe enough to substantially reduce or entirely eliminate the individual's ability to support or care for the child.~~

~~A parent who has an incapacitating condition must either be:~~

1. ~~unable to work;~~
2. ~~unable to engage on a full-time basis in his usual occupation including caring for his children or any comparable alternate occupation available in the community;~~
3. ~~able to engage full-time in an occupation, but accepts substantially reduced wages due to the debilitating nature or effects of the condition, (consideration must be given to the limited employment opportunities available to handicapped individuals); or~~
4. ~~handicapped or disabled his entire life.~~

~~1430.0722.02 Verification of Incapacity (MFAM)~~

~~Incapacity is established by one of the following:~~

1. ~~the receipt of Social Security (RSDI) or SSI benefits on the basis of disability or blindness;~~
2. ~~a medical statement from a licensed physician that an incapacity or disability exists;~~
3. ~~receipt of Workers' Compensation, Vocational Rehabilitation, Veteran Disability or other public assistance benefit when eligibility is conditional upon a determination of incapacity or disability;~~
4. ~~pending SSI or SSDI application supported by a medical diagnosis of disability;~~
5. ~~clinic records; or~~
6. ~~hospital records (medical or psychiatric).~~

~~The Department will review the incapacity if the parent's condition is expected to improve sufficiently or the parent will resume functioning at a usual level of competency. The review must be scheduled for the month the change is expected to occur.~~

~~1430.0722.03 Gathering Incapacity Information Applications (MFAM)~~

~~Since incapacity is not a factor in determining family Medicaid eligibility, applicants will not be pended for incapacity verification. Applicants will only be~~

~~pended for disability information when necessary to establish SSI-Related Medicaid eligibility.~~

~~1430.0722.04 Gather Incapacity Information Ongoing (MFAM)~~

~~Information must be obtained on active cases when a need for care exemption is claimed by the caregiver and:~~

1. ~~an incapacity is anticipated to end; or~~
2. ~~when the RWB notifies the agency of a change in the incapacitated individual's medical condition.~~

~~1430.0722.05 Resuming Level of Employment/Care (MFAM)~~

~~When the parent's incapacity ends, eligibility for the appropriate coverage group where incapacity is not a factor must be explored.~~

~~1430.0723 Unemployment/Underemployment (MFAM)~~

~~Deprivation exists due to unemployment/underemployment when both parents (the mother and legal or non-legal father on whom the Department has made a non-judicial determination of paternity) live with the child and one of the following conditions exists:~~

1. ~~One or both parents are unemployed. Unemployed is defined as not working.~~
2. ~~One or both parents are underemployed. This means that one or both parents are working, but the assistance group has net countable income less than the payment standard.~~

~~1430.0724.05 Verification of Unemployment/Underemployment (MFAM)~~

~~Unemployment/Underemployment is verified by one of the following:~~

1. ~~If the parents claim no current employment, the eligibility specialist must verify any loss of employment that occurred within the prior 60 days.~~
2. ~~If one or both parents are employed, follow verification procedures in 1830.0207 to determine if the assistance group has net countable income equal to or less than the payment standard.~~

1430.0800 LIVING IN THE HOME (MFAM)

There is no requirement for a child to live with an adult caretaker for the child to qualify for Medicaid.

As a condition of eligibility for a parent or other caretaker relative to derive Medicaid for themselves, a~~A~~ child must be living in ~~a~~ the home ~~maintained by~~ of ~~a~~ the parent or other caretaker ~~specified~~ relative ~~as a condition of eligibility~~.

1430.0802 Definition of Parent/Caretaker ~~Specified~~ Relative (MFAM)

The individual with whom the child resides must be related to the child as specified in the following groups:

1. the mother;
2. father (legal or biological);

   Note: When there is both a legal and biological father, the biological (natural) father is considered a caretaker ~~specified~~ relative rather than a parent. ~~Refer to passage 1430.0803 for information about non-judicial determinations of paternal relationship.~~

3. blood relatives, including those of half-blood, within the relationship of siblings, first cousins, nephews, nieces, aunts, uncles and individuals of preceding generations as denoted by prefixes of grand, great, great-great, or great-great-great. This group includes relatives within the fifth degree of kinship to the dependent child; therefore, this includes first cousins once removed (children of first cousins), but not second cousins;
4. stepfather, stepmother, stepbrother, and stepsister (The parent of the stepparent does not meet this degree of relationship.);
5. an individual who legally adopts a child or the child's parent, as well as the natural and other legally adopted children and other relatives of the adoptive parents; and
6. legal spouses of any individuals named in the above groups even though the marriage terminated by death or divorce.

Note: A child's adoption severs his legal ties to his biological parents; however, it does not terminate his blood relationship to his family. Even after adoption, the biological parents and relatives continue to meet the specified degree of relationship ~~required under TCA policy~~. However, the parents of the child are considered ~~specified~~ relatives, not parents. ~~and therefore have their needs, income, and assets treated accordingly.~~

1430.0803 Verifying Parenthood/Caretaker ~~Specified~~ Relationship (MFAM)

The mother, legal father, maternal relatives and relatives of the legal father must provide sufficient information to explain their exact relationship to the child. The verbal statement of the individual is sufficient unless questioned.

For a natural biological father, or his relatives, ~~the eligibility specialist must~~ make a non-judicial determination of paternal relationship and record this information. Any two of the following sources may be used to substantiate this relationship:

1. Birth certificate(s) containing the name(s) of the alleged parent(s) through which the relationship exists. If the natural, biological father requests or receives assistance, the birth certificate of the child is sufficient. If a relative of the natural (biological) father requests or receives assistance, the relative must also produce a birth certificate showing his relationship to the father.
2. Written or oral statements verifying paternal relationship from individuals who have personal knowledge of the blood relationship. These statements may be from a natural or legal parent, friend or relative. ~~The eligibility specialist must~~ R~~r~~ecord the name, address, and telephone number (if available) of the individual giving the statement, and an explanation of their knowledge of the blood relationship.
3. Other verification or documentation that verifies the alleged relationship.

1430.0804 Sources of Verification (MFAM)

The following sources of verification may be used when the information is insufficient to explain the relationship or if a non-judicial determination of paternal relationship is necessary:

1. Birth certificates of the child, relative, and intermediary relatives;
2. Marriage licenses, divorce records or other court records which specify the relationship;
3. Adoption papers;
4. Hospital birth records or written statements of physicians or midwives who attended the births and remember the names of the people involved;
5. Religious records;
6. Written or oral statements of individuals in a position to know about the relationship;
7. Census bureau records listing the children belonging to a particular family;
8. Family bible or other family records which are written in ink and have not been altered (includes wills and deeds to property naming individuals and specifying relationships);
9. Social agency records including those of DCF which are at least one year old and which consistently specify the degree of relationship (TCA and Medicaid case records are included under this provision);
10. Juvenile court, other court, and hospital records;
11. Insurance policies at least one year old in which relationship of the child to the individual is specified;
12. Copies of income tax returns listing the child's relationship;
13. School records which specify relationship;
14. An award letter or other acceptable evidence from SSA that RSDI payments have been awarded to a child based on his parent's account;
15. Trust documents or related documents;
16. Military or veteran's records;

17. USCIS, Indian Agency, or other government or agency records; or
18. Newspaper records and local histories.

~~Specified relatives other than the mother or legal father who is under age 18 must have the "disability of non-age" removed legally in order to receive Medicaid.~~

~~**Note:** When the natural father resides with the mother, the eligibility specialist may mail a Request for Information form to him requesting that he contact the eligibility specialist within 10 days, if he is not the child's father. If the natural father does not respond and the correspondence is not returned from the post office, the eligibility specialist can consider this to be his statement of paternity.~~

1430.0805 Definition of Living in the Home (MFAM)

The child must live on a continual basis in the home of the parent or caretaker ~~specified~~ relative who derives their eligibility through the child. ~~In cases where both parents are awarded joint custody and visitation provides for partial residence with each parent, living in the home may exist if the conditions as outlined in 1430.0719 are met. A home need not be a fixed dwelling. The home is considered the family setting shared by the parent/relative.~~ A home need not be a fixed dwelling. This "home" may include a group facility such as a drug treatment center, spouse abuse center or maternity home. The parent/relative must assume and continue to take day-to-day care and responsibility for the child in this family setting. The type of facility, length of stay, setting for the child in the facility and responsibility for the child's supervision and care must be carefully evaluated.

Individuals are not considered to be ~~in a family setting or to be~~ "living in the home" and are ineligible for assistance if they are:

1. inmates, prisoners, detainees, or convicts under detention or custody of a Federal, State, or local penal, correctional, or other detention facility ~~of a public institution such as a prison, correctional school~~ or psychiatric facility or institution; or
2. in a licensed maternity home where their care is being paid for by the state.

Note: For Medicaid eligibility policy for children under 18 and residents of an Institute of Mental Diseases (IMD), please see passage 1430.1103.

1430.0806 Verification/Documentation (MFAM)

The parent or relative's explanation of his home setting, degree of responsibility and supervision of the child and statement that the child lives in the home are usually sufficient to establish eligibility on this factor. When the information is

questioned, or when the parent/relative resides in a group facility, documentation/verification must be obtained. Sources for this include:

1. Home visit ~~by the eligibility specialist,~~
2. School records, or
3. Collateral contacts with landlords, neighbors, or others in a position to know the child's living arrangements, including the administrator of the group facility.

1430.0807 Temporary Absence from the Home (MFAM)

Temporary absences from the home ~~of~~ by the child, parent, or relative of 30 days or less duration do not affect the parent's or other caretaker relative's ability to continue to derive eligibility. Absences of more than thirty days do not affect eligibility when:

1. the parent or relative continues to exercise care and control of the child during the absence;

   Note: Care and control are considered to exist when the parent/relative continues to have contact with the child through visits, phone calls or mail; and gives directions on the child's care to the substitute caretaker. The child may be cared for in his own home or in the home of the substitute caretaker:

2. a definite plan exists for the absent child or parent/relative to return to the home at the end of the temporary period; and
3. the absence is not for a reason listed in passage 1430.0805.

If the temporary absence is due to out of home residential care, refer to passage 1430.0808 for the absence period allowed.

Note: The parent or relative's statement concerning how the above conditions will be met during the period of absence is usually sufficient. When questioned, the eligibility specialist will secure additional facts from the individual with whom the child will live during the absence.

1430.0808 Children Who Remain Hospitalized (MFAM)

The parent's or other caretaker relative's ability to derive eligibility from a child ~~Children~~ who remain hospitalized following delivery for medical care and do not immediately return to the home for this reason can be Medicaid eligible if other criteria for temporary absence ~~from the home~~ are met.

1430.1000 PREGNANCY (MFAM)

Medicaid is provided to pregnant women whose household income is at or below the applicable income standard. Self attestation of pregnancy is acceptable, including the number of unborns when multiple births are anticipated.

~~Pregnant women may be eligible for assistance even though the pregnant woman's assistance group does not contain a child.~~

~~1430.1002 Verification of Pregnancy (MFAM)~~

~~To qualify as a pregnant woman the individual must provide verification of the pregnancy. Acceptable verification is a written or verbal statement from a physician, registered nurse, licensed practical nurse, certified nurse midwife or their designee that includes:~~

1. ~~confirmation of pregnancy,~~
2. ~~the anticipated date of delivery, and~~
3. ~~if multiple births are anticipated.~~

~~Note:~~ ~~A pregnant woman who derives her eligibility through the unborn or who expects multiple births will be required to provide proof of pregnancy prior to approval. For other pregnant women, the applicant/recipient's statement is accepted, unless questioned.~~

1430.1103 Residents of Public Institutions/IMDs (MFAM)

Individuals residing in public institutions or institutions for mental diseases (IMDs) throughout an entire calendar month are ineligible to receive Medicaid. This includes inmates, prisoners, detainees, or convicts under detention or custody of a Federal, State, or local penal, correctional, or other detention facility or ~~of correctional~~ institution~~s~~.

An institution is an establishment that furnishes food, shelter, and some treatment or services to four or more persons unrelated to the proprietor. A public institution is administrated by a governmental unit. Public institutions exist at all levels: federal, state, and local.

An IMD is an institution that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services.

Medical institutions (for example, hospitals, nursing homes and intermediate care facilities), or a publicly operated community residence that serves no more than 16 residents or certain child care institutions are not considered public institutions.

Residents of a state mental hospital who are age 65 or older may be eligible for Medicaid.

Exception: **Children who are under 18 years of age and are placed in an IMD under the Statewide Inpatient Psychiatric Waiver Program (SIPP) remain eligible for Medicaid.**~~**1430.1104 Appropriate Placement - Hospice Services (MFAM)**~~

~~An individual must meet the following requirements for appropriate placement for Hospice services.~~

~~**Medical Programs** - The individual must have a medical prognosis as terminally ill with a life expectancy of six months or less. The Hospice director or the physician member of the Hospice interdisciplinary group, and the individual's attending physician must sign the written certification, if the individual has one. This certification satisfies the level of care and the disability determination requirements. No determination is made by CARES.~~

~~**Election of Hospice Care** - An individual must elect Hospice care services in order to receive that care, by signing and filing with the Hospice an Election Statement. An individual's representative may also make the election. The individual or his representative must designate the effective date of his election of Hospice care. The effective date is the first date of Hospice care. An effective date may not be a date that is earlier than the date the election is made.~~

~~**1430.1403 VA Improved Pension (MFAM)**~~

~~Individuals receiving a VA pension in December 1978 were given the option of electing a higher "improved" pension. In some cases this "improved" pension caused those individuals to be ineligible for TCA/Medicaid. Congress passed an amendment subsequently allowing these individuals to elect the lower pension amount in order to retain their TCA/Medicaid eligibility.~~

~~Any VA pensioner who is applying for or receiving TCA/Medicaid cannot be required to file for or receive the December 1978 VA pension increase as a condition of eligibility~~.

1430.1700 CHILD SUPPORT COOPERATION (MFAM)

Under state and federal law, the state must take action to locate non-custodial parents, establish paternity, and secure all child support, medical support, or other benefits for children receiving Medicaid.

Applicants for and recipients of Medicaid (including caretaker relatives) must cooperate with Child Support Enforcement (CSE) as a condition of eligibility; unless it is determined that good cause for non-cooperation with CSE exists.

Exceptions: Child support cooperation is not a factor of eligible for pregnant woman Medicaid, Emergency Medicaid for Aliens (EMA), transitional Medicaid and Children Only Medicaid cases.

Under federal law, a parent's cooperation in establishing paternity, assigning rights to medical support and payments, and providing information about liable third parties cannot be required as a condition of a child's eligibility for Medicaid. Therefore, states are not required to ask about paternity or to seek cooperation in pursuing medical support and third party payments when an application is filed, or a redetermination is done, only on behalf of the child.

~~**1430.1701 Child Support Cooperation – KidCare (MFAM)**~~

~~Applicants for child health insurance only are not required to cooperate with Child Support Enforcement as a condition of eligibility for Medicaid or other child health programs. However, Child Support Enforcement services are available to the applicant. The applicant should be asked to complete the Medicaid/Healthy Kids Insurance Child Support Enforcement Information form, CF-ES 2084, since the Department is required to request this information. No penalties will be applied to the applicant for refusal to cooperate.~~

1430.1702 Child Support Cooperation Requirements (MFAM)

~~**Note:** This policy does not apply to children in Institutional Care Facilities for the Developmentally Disabled (ICF/DDs).~~

Cooperation with Child Support Enforcement (CSE) by a parent or other caretaker relative is required when:

1. ~~the parent or caretaker relative is applying for or receiving Temporary Cash Assistance for a child(ren),~~
2. 1. Ppaternity has not been established and the alleged father is not in the home,
3. 2. Bbut one or both parents are absent from the home, and
4. 3. Ggood cause for non-cooperation does not exist as determined by CSE.

The parent or other caretaker relative must cooperate with the following:

1. Identifying and locating the parent(s) of the child,
2. Establishing the paternity of the child, and
3. Obtaining child support payments for the child.

1430.1704 Definition of Cooperation (MFAM)

The receipt of a signed application indicates the individual's intent to cooperate with CSE and is sufficient to process the application. No additional action is necessary unless CSE notifies the Department of a sanction.

CSE c~~C~~ooperation includes the following:

1. Providing complete information required to obtain child support (if information about the non-custodial parent is known by the recipient but is withheld, the recipient may face a possible penalty of perjury);
2. Completing and signing affidavits attesting to paternity of the child;
3. Making court appearances and providing testimony in paternity hearings and support actions; and
4. Reporting ~~to the eligibility specialist within 10 calendar days,~~ payments of child support made directly to the parent or caretaker relative.

Medicaid for herself only.

1430.1707 Good Cause for Failure to Cooperate (MFAM)

Cooperation in establishing paternity and/or securing support may be contrary to the best interest of the family. In those situations, a parent or caretaker relative may have good cause for not cooperating. Child Support Enforcement (CSE) must advise these individuals of reasons for good cause.

~~The eligibility specialist must~~ R~~r~~refer the individual to CSE even when it appears that good cause exists.

~~**1430.1709 Failure to Cooperate (MFAM)**~~

~~When the parent or caretaker relative refuses to provide information regarding the non-custodial parent during an application or eligibility review, the eligibility specialist must review child support cooperation requirements with the individual. Deny the application for Medicaid for the noncompliant adult unless the adult is pregnant and meets all other factors of eligibility. Medicaid for children will be approved if they meet all other factors of eligibility.~~

~~**Note:** If the individual who failed to cooperate was a child in a parent's grant (a teen parent), the child would not be removed from Medicaid eligibility and the child's parent would not be eligible for Medicaid.~~

~~Deny Medicaid assistance for an adult subject to child support cooperation if he/she does not express an intent to claim good cause or the intent to cooperate with Child Support Enforcement and authorize benefits for the other household members, if eligible. A referral to the Department of Revenue, Child Support Enforcement Agency to establish cooperation is not necessary when the individual expresses intent not to cooperate or claim "good cause~~".

1430.1711 Ending Sanction (MFAM)

Eligibility staff must:

1. R~~r~~emove the sanction upon ~~Child Support Enforcement~~CSE's request that the individual complied.
2. A~~a~~dd the individual back to Medicaid assistance (must meet all other factors of eligibility).
3. N~~n~~ot require an application.

The effective date for adding the sanctioned individual is retroactive to the first day of the month of compliance.

1440.1103 Residents of Public Institutions/IMDs (MSSI)

Individuals residing in public institutions or institutions for mental diseases (IMDs) throughout an entire calendar month are ineligible to receive Medicaid. This includes inmates, prisoners, detainees, or convicts under detention or custody of a Federal, State, or local penal, correctional, or other detention facility or ~~of correctional~~ institution~~s~~.

An institution is an establishment that furnishes food, shelter, and some treatment or services to four or more persons unrelated to the proprietor. A public institution is administrated by a governmental unit. Public institutions exist at all levels: federal, state, and local.

An IMD is an institution that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services.

Medical institutions (for example, hospitals, nursing homes and intermediate care facilities), or a publicly operated community residence that serves no more than 16 residents or certain child care institutions are not considered public institutions.

Residents of a state mental hospital who are age 65 or older may be eligible for Medicaid.

Exception: Children who are under 18 years of age and are placed in an IMD under the Statewide Inpatient Psychiatric Waiver Program (SIPP) remain eligible for Medicaid.

1450.0805 Definition of Living in the Home (CIC)

The child must live on a continual basis in the home of the parent or specified relative. In cases where both parents are awarded joint custody and visitation provides for partial residence with each parent, living in the home may exist if the conditions as outlined in 1450.0719 are met. A home need not be a fixed

dwelling. The home is considered the family setting shared by the parent/relative. This "home" may include a group facility such as a drug treatment center, spouse abuse center or maternity home. The parent/relative must assume and continue to take day-to-day care and responsibility for the child in this family setting. The type of facility, length of stay, setting for the child in the facility and responsibility for the child's supervision and care must be carefully evaluated.

Individuals are not considered to be in a family setting or to be "living in the home" and are ineligible for assistance if they are:

1. inmates, prisoners, detainees, or convicts under detention or custody of a Federal, State, or local penal, correctional, or other detention facility ~~of a public institution such as a prison, correctional school~~ or psychiatric facility or institution; or
2. in a licensed maternity home where their care is being paid for by the state.

For Title-IV-E, a child born to a mother who is incarcerated or does not plan to bring the child home from the hospital, the technical factor of living in the home is considered met.

For Title-IV-E foster care, a child must have resided in the home of a parent or specified relative at the time of the voluntary placement, and the relative must be the legal guardian.

1610.0000 Food Stamps

The policies in this chapter apply only to standard filing units that are not categorically or broad-based categorically eligible or to broad-based categorically eligible households that contain a member age 60 or over or meets the definition of food stamp disabled and does not meet the 200% of the federal poverty level gross income limit.

~~**1630.0000 Family-Related Medicaid**~~

~~This chapter presents requirements for determining eligibility based on assets. The chapter discusses policy for the following topics:~~

~~1. Asset Definition,~~
~~2. Asset Limits,~~
~~3. Asset Ownership and Availability,~~
~~4. General Determination of Asset Value,~~
~~5. Types of Assets: Definitions and Value Determinations, and~~
~~6. Transfer of Assets.~~

1630.0100 ASSET DEFINITION (MFAM)

~~Assets, liquid or nonliquid, are assets or items of value that are owned (single or jointly) by an individual who has access to the cash value upon disposition.~~

~~Liquid assets are cash assets or assets that are payable in cash on demand. Nonliquid assets are assets that cannot be readily converted to cash.~~

~~Assets of each member of the SFU must be determined. A determination of whether each asset should be included or excluded must be made.~~

1630.0200 ASSET LIMITS (MFAM)

~~The asset limit is the maximum amount of liquid and/or nonliquid assets that an assistance group can retain and remain eligible for public assistance.~~

~~1630.0203 Asset Limits (MFAM)~~

~~There is no asset limit for~~ MAGI ~~based~~ the Family-Related MEDS coverage ~~groups. (There is an asset limit for the MEDS-AD coverage groups.)~~

~~For all other Medicaid coverage groups, the total countable assets of the standard filing unit (SFU) cannot exceed $2,000, with the exception of Medically Needy individuals. Assets of individuals whose income is deemed to the SFU/AG are never considered in the MFAM determination, except when jointly owned. If countable assets are below the $2,000 limit at any time during the month, then eligibility on the factor of assets has been met. For the Medically Needy asset limits, refer to the Medically Needy income chart in Appendix A-7.~~

~~1630.0204 Asset Limits Medically Needy (MFAM)~~

~~For Medically Needy, assets must be equal to or below program limits. SFU sizes and the corresponding Medically Needy asset limits are presented in Appendix A-7.~~

~~1630.0206 Verification of Assets (MFAM)~~

~~Verification of all assets, except cash, is required when the total assets of the SFU are within $100 of the asset limit. The individual's statement of the amount of cash is accepted. If it is clear from the individual's statement that total assets exceed the limitation or if the individual is ineligible on another factor, assets need not be verified.~~

1630.0300 ASSET OWNERSHIP AND AVAILABILITY (MFAM)

~~Any individual who has the legal ability to dispose of an asset is considered the owner of the asset. The type of ownership (single or joint) of an asset~~

~~determines to whom the asset is available and the value that is counted to the individual.~~

~~1630.0301 Joint Ownership (MFAM)~~

~~Joint ownership exists when the legal right to dispose of an asset is shared by more than one individual.~~

~~1630.0302.01 Joint Ownership of Bank Accounts (MFAM)~~

~~When an individual is a joint account holder who has unrestricted access to the funds in the account, you must presume the individual owns all of the funds in the account. This presumption is made regardless of the source of the funds.~~

~~If the individual alleges the funds in the account belong to someone else, you must allow the individual to submit evidence to challenge this presumption. If the challenge is successful, do not count the funds in the account as an asset to the individual for any month. (If the individual never owned the funds, they were never his.) If the challenge to the presumption of ownership is not successful, you must consider the funds as an asset to the individual. This policy applies to checking accounts, savings accounts, certificates of deposit and other jointly owned financial accounts.~~

~~When an individual is a joint owner of an account, the amount that must be considered as an asset depends on:~~

1. ~~whether the other joint owner is an applicant or recipient, and~~
2. ~~the individual's actual ownership interest in the funds in the account.~~

~~If the joint owner(s) is an applicant/recipient enrolled or eligible for Medicaid, the total funds in the account are presumed to be equally shared.~~

~~If the joint owner(s) is not an applicant/recipient enrolled or eligible for Medicaid, the entire balance of the account is considered as the asset value.~~

~~1630.0302.03 Rebuttal of Ownership (MFAM)~~

~~When an individual has unrestricted access to the funds in a joint account but does not consider himself an owner of part or all of the account funds, the individual must be allowed to prove non-ownership of the funds. The individual must provide proof that the account funds are not used to meet his needs. In addition, the individual must explain why his name is on the account.~~

~~In order to successfully rebut full or partial ownership, the individual must provide the following three items:~~

First, the individual must provide a written statement describing:

1. any claims about ownership of the funds or interest from the funds,
2. the reasons for establishing the joint account,
3. the individual that made deposits to and withdrawals from the account, and
4. information on how withdrawals were spent.

Second, the individual must provide a written statement from the other joint owner(s) confirming this information.

Third, the individual must provide documentation from the financial institution that the individual's name has been removed from the account or the individual no longer has access to the funds in the account. This is not considered to be a transfer of assets.

For Family-Related Medicaid Programs, the Region or Circuit Program Office may grant an exception to removal of the individual's name from the account, if the individual can establish that the other person is unable to administer his finances and removal of the individual's name would cause a hardship.

1630.0304 Ownership of Real Property (MFAM)

Ownership of real property can consist of an interest in the title or a right to the use of the property without title to the property. The owner of real property is generally the individual who has legal title and the right to control the property.

1630.0305.02 Shared Ownership of Real Property (MFAM)

When the individual shares ownership with another individual or other individuals, only the individual's ownership interest is included. If there is no documentation defining the portion owned by each individual owner, all owners are assumed to have equal shares in the property.

If the individual cannot sell his share of the property without the consent of the other owner and the other owner refuses to give his consent, the property cannot be considered a countable asset.

1630.0306 Unprobated Estate (MFAM)

Assets that are part of an unprobated estate are not countable assets.

~~1630.0308 General Availability (MFAM)~~

~~Once the individual's ownership interest of an asset(s) is established, the availability of that asset must be determined. Asset(s) determined not to be available are not considered in determining eligibility on the factor of assets.~~

~~Assets are considered available to an individual when the individual has unrestricted access to the asset.~~

~~Accessibility depends on the legal structure of the account or property. An asset is countable if the asset is available to a representative possessing the legal ability to make the asset available for the individual's support and maintenance, even though the individual may not choose to do so.~~

~~Assets not available due to legal restrictions or factors beyond an individual's control are not considered in determining total available assets. The only exception to this rule occurs when the legal restrictions were caused or requested by the individual.~~

~~1630.0309 Availability of Trusts (MFAM)~~

~~Any funds in a trust or funds transferred to a trust, and the income produced by such trust(s), may be excluded if the trust is irrevocable. Trust funds are considered to be irrevocable when the family does not have the legal ability to convert the funds to cash that can be used for the family's support and maintenance. Savings in excess of the asset limit can be preserved while a family receives Family-Related Medicaid, if the savings are placed in an irrevocable trust.~~

~~Each trust account must be evaluated to determine the accessibility. The source of funds is not controlling in the availability determination.~~

~~Refer to passages 1630.0575.01 - 1630.0575.03 for information regarding necessary steps in determining the availability of trusts.~~
~~Put these passages together~~

~~1630.0316 Legal Restrictions to Availability (MFAM)~~

~~In general, assets are considered available unless the applicant/recipient asserts otherwise. If the individual claims an asset is unavailable due to legal restrictions, the eligibility specialist will request supporting evidence and make an independent assessment of the availability based on the evidence presented. An individual may be restricted by law from disposing of owned assets. If an asset is unavailable due to legal restrictions, it is not considered an includable asset. Additional guidance can be requested from the Region or Circuit Program Office,~~

~~Circuit Legal Counsel or Headquarters through the Region or Circuit Program Office.~~

~~Refer to passages 1630.0575.01-1630.0575.03 for specific information on determining availability of trusts for MFAM.~~

~~1630.0321 Assets Unavailable - Circumstances Beyond Control (MFAM)~~

~~Assets unavailable due to circumstances beyond the individual's control are not considered in the determination of eligibility.~~

~~The individual must present convincing evidence to prove the asset is unavailable to him due to circumstances beyond his control. The eligibility specialist will make an independent assessment of the availability based on the evidence presented. Additional guidance can be requested from the Region or Circuit Program Office, Circuit Legal Counsel, or Headquarters through the Region or Circuit Program Office.~~

1630.0400 GENERAL DETERMINATION OF ASSET VALUE (MFAM)

~~The value of an individual's assets is based on the total value of the assets at the time they become available. In order to be eligible, an individual's assets must be within the program limits at the time of application disposition.~~

~~1630.0401 Time When Asset Value Affects Eligibility (MFAM)~~

~~The point in time when an asset determination is made may depend on the program and whether the eligibility specialist is processing an application or conducting an eligibility review. Passages 1630.0402 and 1630.0405 describe program specific policy in this area.~~

~~1630.0402 Asset Eligibility (MFAM)~~

~~Assets must be equal to or below program limits as of the application disposition date to be eligible for ongoing assistance. Assets must be equal to or below program limits as of the date of the interview.~~

~~1630.0405 When Asset Value Affects Eligibility (MFAM)~~

~~Individuals, who are eligible on any day of the month, are eligible for the whole month.~~

~~1630.0406 Determining Asset Value (MFAM)~~

~~The amount of the asset included is the actual value of the asset minus indebtedness. Indebtedness is the amount needed to satisfy contract terms that must be met to establish ownership of the asset.~~

~~1630.0407 Definition of Actual Value (MFAM)~~

~~For assets that are in cash, or payable in cash on demand, the actual value is the cash value. For other forms of assets, the actual value is the fair market value (the amount of cash that could be received by selling or converting the asset).~~

~~1630.0409 Conversion of Assets (MFAM)~~

~~Proceeds, including cash, from the sale of an asset or conversion of an asset from one form to another are considered assets rather than income. The proceeds of the item to which the asset is converted must be evaluated to determine if they affect eligibility, and if so, the value of the new asset.~~

~~Verification concerning the new asset must be obtained regardless of whether a liquid or nonliquid asset is involved. For example, an individual may have an automobile (nonliquid asset) which he sells for cash (liquid asset), or he may have cash that he uses to purchase an automobile. In either case, the conversion or sale does not result in income to the individual. The newly acquired item is an asset subject to all asset valuation policy.~~

~~1630.0410 Excluded Assets Replacement (MFAM)~~

~~Exclude cash and in-kind replacements (including any interest) received from any source for the purpose of replacing or repairing a lost, damaged, or stolen excluded asset. Apply the exclusion as long as the individual continues to use the funds for the replacement or repair of the lost, damaged or stolen excluded resource.~~

1630.0500 ASSET TYPES ASSETS: DEFINITIONS AND VALUE DETERMINATIONS (MFAM)

~~The different types of liquid and nonliquid assets~~ follow ~~are discussed alphabetically in the following subsections. The policies assume that the assets are owned by and available to the individual unless noted otherwise. Refer to policy on asset ownership and availability described in passage 1630.0300 through 1630.0321. Refer also to Chapter 2200, Standard Filing Unit, which describes whose assets must be considered.~~

~~1630.0501 Bank Accounts (MFAM)~~

~~Bank accounts refer to funds in a bank, credit union, savings and loan association or any other financial institution that are usually payable on demand. Interest earned on bank accounts is excluded as unearned income.~~

~~Information required for verification of an individual's bank account assets includes the:~~

1. ~~type of account,~~

2. name and location of the financial institution,
3. names of any joint owners, and
4. amount of the balance.
5. current bank account statement or other statements from the facility are verification sources.

1630.0502 Checking and Savings Accounts (MFAM)

The asset value is the balance in the account on the date on which eligibility is established. If the total asset value of the account does not affect eligibility, it is not necessary to determine the amount of any transactions that have not cleared the account or the individual's portion of a joint bank account. However, Tthe individual still may be given the opportunity to rebut full or partial ownership to ensure that future changes to the account will not affect his eligibility.

Passages 1630.0504 - 1630.0506 discuss policy for bank account assets. Refer to passages 1630.0300 - 1630.0302.03 and 1630.0308 - 1630.0321 for ownership and availability policies for bank accounts.

1630.0504 Time Deposits (MFAM)

The availability of funds is the deciding factor in determining if a time deposit is an asset. Time deposits such as a savings certificate or certificate of deposit usually are available to the individual and are included as assets.

Any interest penalties imposed for withdrawing the time deposit funds prior to maturity are deducted from the total amount when determining the value of the time deposit asset. Interest penalties may involve a reduction in the interest rate and/or loss of interest for a short period of time.

Any interest retained after the month it is available is included as an asset. Verification of a time deposit certificate must include information on when the funds can be withdrawn and any penalties for early withdrawal. If the individual cannot provide this information, the eligibility specialist must request the information from the individual's financial institution.

1630.0505 Retirement Accounts and Pension Plans (MFAM)

Exclude all retirement accounts and pension plans. Count distributed funds as:

1. unearned income if made available through installment payments, or
2. income an asset in the month received if made available as a lump sum payment.

1630.0505.07 Individual Development Accounts (MFAM)

Individual Development Accounts (IDAs) are dedicated savings accounts that can be used by eligible participants for purchasing a first home, paying for post-secondary education, transportation, assistive technology or capitalizing a

~~business. These IDAs are comprised of participant's savings from earned income and may be matched by funds controlled by the Regional Workforce Board. Excluded IDAs must be funded in part with TANF or Assets for Independence Act (AFIA) dollars.~~

~~Funds in an IDA, including interest accruing in such accounts, shall be disregarded in determining eligibility for Medicaid.~~

~~1630.0506 Verification of Bank Accounts (MFAM)~~

~~Information required for verification of an individual's bank account assets includes the:~~

1. ~~type of account,~~
2. ~~name and location of the financial institution,~~
3. ~~names of any joint owners, and~~
4. ~~amount of the balance.~~
5. ~~current bank account statement or other statements from the facility are verification sources.~~

~~Moved to bank accounts~~

~~Verification of a time deposit certificate must include information on when the funds can be withdrawn and any penalties for early withdrawal. If the individual cannot provide this information, the eligibility specialist must request the information from the individual's financial institution.~~ ~~Moved to time deposits~~

~~1630.0507 Burial Contracts and Other Burial Assets (MFAM)~~

~~This section provides information on burial related assets such as:~~

1. ~~funeral agreements,~~
2. ~~prepaid burial contracts,~~
3. ~~irrevocable burial trusts,~~
4. ~~burial exclusion policy, and~~
5. ~~burial spaces.~~

~~Passages 1630.0508 through 1630.0517 discuss program specific policy in this area.~~

~~1630.0508 Funeral Agreement (MFAM)~~

~~Funeral agreements are any arrangements with a legitimate funeral service provider to pay for burial expenses. Examples of funeral agreements include items such as burial trusts and any burial contracts regardless of whether they are revocable or irrevocable.~~

~~Each assistance group member can exclude a maximum of $1,500 of equity value in a single funeral agreement. Any additional funeral agreement amounts are included as an asset.~~

~~1630.0515 Burial Spaces/Plots (MFAM)~~

~~The following are considered burial spaces or plots:~~

~~1. conventional grave sites,~~
~~2. crypts,~~
~~3. mausoleums, and~~
~~4. urns.~~

~~1630.0516 Burial Spaces (MFAM)~~

~~One burial space per member of the assistance group is excluded. A burial space is the space necessary for the burial of an individual.~~

~~1630.0517 Verification of Burial Spaces (MFAM)~~

~~Sources of verification include documents such as deeds to cemetery lots or sales contracts for the purchase of cemetery lots.~~

~~There may be more than one gravesite per burial plot. If there is a question as to what constitutes a burial plot the case must be examined by the Circuit Legal Counsel.~~

~~For funeral agreements, verification includes copies of the funeral contract or agreement or a letter from the funeral services provider outlining the type and terms of the contract.~~

~~1630.0518 Cash (MFAM)~~

~~Cash includes money the individual owns no matter where it is located.~~

~~1630.0519 Verification of Cash (MFAM)~~

~~The individual must provide information on the amount of cash they have on hand. The While an individual's statement of actual cash on hand is accepted without verification, the individual must be made aware that cash on hand includes amounts in the individual's personal possession; amounts the individual may have at home; and amounts being held for the individual elsewhere.~~

~~1630.0520 Lump Sum Payments (MFAM) move to Income~~

~~A lump sum payment is considered an asset in the month of receipt and is excluded as income unless the lump sum payment meets an exception below. Lump sum payments are defined as money (unearned) received in the form of a non-recurring lump sum payment including, but not limited to: income tax returns, rebates or credits; retroactive lump sum Social Security, SSI, Earned Income Tax~~

~~Credit, Child Tax Credit, public assistance, railroad retirement benefits, or other payments; lump sum insurance settlements; or refunds of security deposits on rental property or utilities.~~

~~**Exception:** Federal income tax returns, including refundable tax credits (EITC and Child Tax Credit) and over-withholding (tax refunds) are excluded as income and assets in the month of receipt and will continue to be excluded as an asset for 12 months from the date of receipt.~~

~~If the lump sum payment is earned income, such as a bonus or commission, a lump sum for annual leave, etc. it must be counted as earned income in the month of receipt. Any earned income left over after the month of receipt will be considered an asset.~~

~~1630.0522 Money from Excluded Asset (MFAM)~~

~~Money received from an excluded income and asset source that is deposited in a savings account is excluded.~~

~~If the balance in the account is not identifiable as coming from the excluded source, the balance (minus any new deposits from excluded sources) counts as an asset the next month.~~

~~1630.0524 Crops and Livestock for Home Use (MFAM)~~

~~Any crops or livestock grown or retained solely for the SFU's own use are excluded.~~

~~1630.0525 Verification (MFAM)~~

~~The individual's statement as to the disposition of crops and livestock can be accepted unless it is inconsistent with other information on the individual's financial status. If there are inconsistencies or questions, the local county agricultural agent can assist in determining whether the individual is engaged in farming as a business enterprise.~~

~~1630.0526 Disaster Assistance (MFAM)~~

~~Permanently exclude:~~

1. ~~payments, including disaster unemployment assistance, received under the Disaster Relief Act of 1974 {P.L. 93-288, Section 312(d)}, as amended by the Disaster Relief and Emergency Assistance Amendments of 1988 {P.L., 100-707, Section 105(i)] from assets.~~
2. ~~National Flood Insurance Program (NFIP) payments made under the National Flood Insurance Act of 1968, as amended by Public Law 109-64, enacted on September 20, 2005.~~

~~Exclude interest earned on disaster assistance payments from assets.~~

~~Excluded funds must be identifiable. Encourage the individual to maintain a separate account for excluded funds if possible. When excluded funds are commingled in an account with other funds assume that non-excluded funds are withdrawn first.~~

~~Disaster assistance funds are not restricted to restoration of a home but are subject to legal sanction if misused.~~

~~Sources of verification of disaster assistance include official government notices, disaster loan or grant documents, and the individual's financial records of deposits, withdrawals and expenditures.~~

~~1630.0531 Business Inventory (MFAM)~~

~~Property/inventory related to a business (a farm operated for profit) is included as an asset. The net value of the business inventory is the current market value minus any indebtedness. Business inventory includes items such as equipment, machinery or livestock.~~

~~The individual must provide information on the ownership of each item; the type, make, model, and age of machinery; the kinds and number of livestock; and the amount of indebtedness on each item.~~

~~1630.0532 Verification (MFAM)~~

~~Sources of verification for farm business inventory include items such as:~~

1. ~~inventory reports for equipment filed with the county tax assessor,~~
2. ~~statements from reputable businesses knowing resale value of items, or~~
3. ~~the county agricultural agent.~~

~~1630.0534 Home (MFAM)~~

~~Home property is excluded as an asset, regardless of its value, if it is the individual's principal place of residence. Only one residence can be excluded under this provision.~~

~~A home is any shelter in which the individual has an ownership interest and that is used by the individual (and spouse, if any) as the principal place of residence. The home may be real or personal property, fixed or mobile, and located on land or water. The home includes all the land that appertains to it and the buildings located on such land. Houses, cooperative and condominium apartments, mobile homes, motor homes, and houseboats are examples of shelters that may qualify for exclusion.~~

~~Home ownership and property are discussed in passage 1630.0304, Ownership of Real Property.~~

~~1630.0541.01 Good Faith Effort to Sell (MFAM)~~

~~When the individual is making a good faith effort to sell property, it can be excluded for up to nine months if the family agrees to use the proceeds from the sale to repay the Temporary Cash Assistance/Medicaid received. The individual must provide evidence of good faith effort to sell the property prior to approval for assistance.~~

~~The parent or relative must sign a CF-ES 2672 form, Real Property Agreement, in the presence of a witness acknowledging that:~~

1. ~~the family owns real property the value of which exceeds the $2,000 asset limit (or, when combined with other assets, the total value exceeds the limit), and~~

2. ~~the family agrees to dispose of the property and to make repayment of any Temporary Cash Assistance/Medicaid benefits that would not have been received had disposal occurred at the beginning of the exclusion period.~~

~~Passages 1630.0541.02 - 1630.0541.04 provide additional policy on the nine-month exclusion period.~~

~~When the sale of the property is reported reevaluate the individual's assets. If the sale did not affect eligibility, no overpayment occurred.~~

~~1630.0541.02 Exclusion Period (MFAM)~~

~~The period of exclusion is nine months, or until the property is sold, whichever is sooner.~~

~~Any proceeds from the sale remaining after repayment of excess TCA benefits are included as assets.~~

~~The individual's case must be closed if the excluded property is not sold during the nine-month period or the individual becomes ineligible for any other reason during the exclusion period. The effective date of the case closing is the month after the end of the exclusion period.~~

~~1630.0541.03 Verification (MFAM)~~

~~Sources of verification of the good faith effort to sell include documents such as a written statement from a real estate dealer, clippings of advertisements less than 30 days old, or copies of conditional sales contracts.~~

1630.0541.04 Property is Sold (MFAM) moved info to good faith

Overpayment does not occur if the property is sold, and the net profit plus the value of other SFU assets at the beginning of the exclusion period are under the asset limit. When the sale of the property is reported, the eligibility specialist must reevaluate the individual's assets by the next change deadline. If the sale did not affect eligibility, no overpayment is considered to have occurred.

If the individual's assets exceed allowable limits after the sale, the case must be canceled effective the first possible payment month. A notice of the cancellation must be sent to the individual allowing 10 days advance notice.

Any benefits received that would not have been received had disposal occurred at the beginning of the exclusion period must be considered overpayment and recouped.

If the individual remains eligible on the factor of assets after the property is sold, the eligibility specialist must make a complete review of ongoing eligibility.

1630.0550 Indian Land (MFAM)

Land that is held by an enrolled member of an Indian tribe is excluded from assets if it cannot be sold or transferred without the permission of other individuals, the tribe, or a federal agency.

1630.0551 Life Estate Interest (MFAM)

Any life estate interest held by an individual, the individual's spouse, a child or specified relative is excluded as an asset to the individual. Also, transfers of life estates need not be examined for potential penalties.

Although individuals owning life estates have the right to obtain profits from the estate property they do not have exclusive rights to the benefits of the property. Therefore, only that portion of the income made available to the individual will be counted as income to the individual.

1630.0553 Life Insurance (MFAM)

The cash value of a life insurance or annuity policy is included as an asset. The cash value must be verified if the face value of the policy is $5,000 or more or the policy is five years old or more.

In order to be defined as available, the individual must own the policy and the person insured must either be the individual or a member of the assistance group. Policies carried on the individual or a child by relatives or others whose needs or assets are excluded are not considered available.

~~1630.0555 Verification of Life Insurance (MFAM)~~

~~The individual must provide the following information on life insurance policies:~~

~~1. the owner of the policy;~~
~~2. the individual insured by the policy;~~
~~3. the amount of the policy's cash surrender value, if any; and~~
~~4. the amount of any dividends or interest earned on this policy.~~

~~The life insurance policy may provide all the necessary information. If not, the information may be obtained from the insurance company or a local agent. However, it is not necessary to see the policy(s) or contact the company unless the cash value must be verified.~~

~~For the MFAM Program, the cash value must be verified if the face value of the policy is $5,000 or more or the policy is five years old or more. Otherwise, the individual's statement can be accepted.~~

~~1630.0556 Loans (MFAM)~~

~~A loan is a transaction when one party (lender) advances money to another party (borrower) who promises to repay the debt in full within the borrower's lifetime. Repayment of loans may or may not include interest. A loan may take the form of a formal written document or an informal verbal agreement. A formal written loan agreement is a form of a promissory note.~~

~~A promissory note is a written, unconditional agreement signed by a person who promises to pay a specific sum of money at a specified time, or on demand, to the person, company, corporation, or institution named on the note. A promissory note may or may not involve the loan of money or goods (e.g., a promissory note may be given in return for goods or service rendered).~~

~~A personal and real property agreement is a pledge or security of a particular property or properties for the payment of a debt or performance of some other obligation within a specified time period. Property agreements on real estate (land and buildings) are generally referred to as mortgages but may also be called land contracts, contracts for deed, or deed of trust, etc. Personal property agreements (e.g., pledges on crops, fixtures, inventory, etc.) are commonly known as chattel mortgages.~~

~~1630.0562 Student Grants, Loans and Scholarships (MFAM)~~

~~Any grants, loans, gifts or scholarships received by the individual for educational expenses are excluded as an asset. This is true even if the loan or other money is received in a lump sum and deposited as cash in a bank. The individual must provide information on the amount and type of the grant, loan, gift or scholarship.~~

~~1630.0563 Personal Property (MFAM)~~

~~Personal property includes personal effects such as clothing, jewelry, tools of a trade, and pets, in addition to household goods such as furniture and appliances and. Generally, personal property is excluded as an asset.~~

~~1630.0566 Stocks and Bonds (MFAM)~~

~~Investments include the value of stocks and bonds. The current market quotation is considered the asset value. Information sufficient to establish ownership is required in order to determine if the stock/bond value must be included/excluded. Sources of information on the current market value of stocks and bonds may be secured from the bank, investment company, newspapers, and the like. The source and date of the quotation must be recorded.~~

~~1630.0567 Definition of Stocks (MFAM)~~

~~Shares of stock represent ownership in a corporation. The shares of many corporations are traded on the New York Stock Exchange or the American Stock Exchange. Many stocks are also traded "over-the-counter".~~

~~Most stocks, for incorporation purposes, are assigned a certain value known as "par value". Par value has no relation to the actual market value of a stock.~~

~~The value of a stock is normally determined by the demand for it when it is bought and sold. As the result of constant trading, the value of stocks varies daily. To establish the value of a stock, use the most current closing price.~~

~~The individual is required to furnish stock certificates unless the stock is being held for the individual by a securities firm. If so, the eligibility specialist must obtain the individual's copy of the firm's most recent statement concerning the individual's account.~~

~~The closing prices (on any particular date) of many stocks may be verified by consulting the following day's newspaper or financial newspaper. If the closing price of a stock is not shown in the next day's newspaper, contact a local securities firm to determine its value.~~

~~The value of stocks traded over-the-counter is expressed on a "bid" and "asked" basis. A "bid" is the amount being offered for the stock. The "asked" figure is the amount the seller asked for the stock. Use the bid price to determine the market value of this type of stock.~~

~~A local securities dealer's statement must support the individual's statement that a stock is worthless.~~

~~1630.0568 Stock in a Close Corporation (MFAM)~~

~~A "close" or closely held corporation is wholly owned or controlled by one or more members of the board. Stock in this type of company must be reviewed to determine if the stock is a liquid or nonliquid asset. Usually the stocks cannot be converted to cash within 20 days and they may qualify for exclusion, as property needed for self-support.~~

~~If such stocks are not traded publicly the value of the stock is determined by dividing the company's net assets (total assets minus liabilities) by the total number of shares. The corporation's net assets can be obtained from the corporation's most recent tax return.~~

~~1630.0570 Mutual Fund Shares (MFAM)~~

~~A mutual fund is a company that buys and sells securities and other property as its primary business. Mutual fund shares are generally liquid assets.~~

~~The value of mutual funds is determined in the same way as stock values are determined.~~

~~1630.0571 Bonds (MFAM)~~

~~When an individual requests that a bond be sold, about seven to ten days are usually required for the individual to receive the proceeds. Therefore, bonds are generally included as assets.~~

~~A bond is a written obligation to pay a sum of money at a future specified date. It is a negotiable instrument and is transferable.~~

~~A state or local government issues municipal bonds. Corporations issue corporate bonds. Government bonds are issued by an agency of the federal government and, except for U.S. Savings Bonds, are transferable.~~

~~A bond must be held until the specified date of maturity before it can be redeemed for its face value. The market determines the current cash value of a bond before maturity.~~

~~If there is a great demand for a bond, its market value may be more than the face value; or if there is little demand, the bond's current market value may be substantially less than the face value. The current price of a bond can generally be determined, as it would be for a stock.~~

~~1630.0572 Savings Bonds (MFAM)~~

~~U.S. Savings Bonds are an obligation of the federal government, but unlike other government bonds, they are not transferable; that is, they can only be sold back to the government.~~

~~U.S. Savings Bonds are usually registered in the name of the owner(s) shown on the front of the bond and may be redeemed by the owner by completing a form on the back of the bond. If ownership of a bond is shared, each person's share is equal. All owners must agree to liquidate the bond.~~

~~Several series of U.S. Savings Bonds (for example, Series EE, HH, E, I, J, and H) can normally be quickly converted into cash at local banks. These bonds are defined as liquid assets and are counted as resources. Do not use the table sometimes provided on the back of the bond to determine its value. The tables often do not reflect changes in interest rates. A bank must be contacted to determine the current value. The face value of Series H bonds does not change. No further verification of value is necessary for that series; however, interest is paid rather than accrued on these bonds.~~

~~Some bonds must be held for a specific period of time from the date of issue before they can be converted to cash. Examples of bonds with retention periods are indicated below:~~

1. ~~Series EE and I bonds issued prior to February 1, 2003 can be converted to cash at any time after six months from the issue date.~~
2. ~~Series EE and I bonds issued on or after February 1, 2003 can be converted to cash at any time after twelve months from the issue date.~~
3. ~~Series HH bonds can be converted to cash at any time after six months from the issue date.~~

~~Although there are mandatory retention periods for the bonds referenced above, they may be converted to cash early if the owner requests a waiver of the retention period claiming hardship circumstances. A hardship exemption request must be in writing, accompanied by the bond that is still within the mandatory retention period, to the following address:~~

~~Bureau of the Public Debt~~
~~Savings Bonds~~
~~Parkersburg, West Virginia 26106-1328.~~

~~When the value of a bond will affect eligibility, the bond's owner must request a waiver of the retention period due to hardship (for example, need to receive public assistance or enter a nursing home). If evidence indicates the waiver was denied, the value of the bond is considered unavailable and not counted as a resource until the month after the mandatory retention period expires. If the~~

~~waiver is granted, the amount of funds an owner receives or can receive by cashing in the bond early is considered as a countable resource.~~

~~1630.0575.01 Trusts (MFAM)~~

~~A trust is a right of property held by one party for the benefit of another. The individual who holds the legal title to property for the benefit or use of another is the "trustee". The individual for whose benefit the trust is created is the "beneficiary".~~

~~The trust is not an asset to the individual acting as trustee unless he can use the funds for personal benefit. If the trustee can use the funds for personal benefit, the trust principal is a countable asset to the trustee.~~

~~If the individual, as beneficiary, has unrestricted access to the principal of the trust, the trust principal is counted as an asset to the individual.~~

~~Any income earned from the trust principal (for example, interest or dividends) is considered an asset if retained into the month following the month of receipt.~~

~~1630.0575.02 Determining Availability of Trusts (MFAM)~~

~~If the individual presents a court order establishing a trust fund that could possibly be available for current use for a member of the SFU/AG, the individual (the individual or trustee/representative) is required to pursue all necessary steps to determine if the funds are, in fact, unavailable to meet their needs. This includes petitioning the court or whatever other steps are required.~~

~~The value of the trust fund will be excluded as an asset in the Family-Related Medicaid determination for up to 90 days (from the date of interview/request) to allow time for the individual to pursue such steps. The AG should be approved (assuming all other factors of eligibility are met) and a partial eligibility review set, using AWEC, for the month in which the 90th day falls. This is to check on~~ and verify the status of the petition ~~the outcome of the petition.~~

~~Appropriate action must be taken by the eligibility specialist upon completion of the partial to check on the status of the petition. The action will depend on whether a final decision has been reached or the petition is still pending. The eligibility specialist will request verification of the status of the petition.~~

~~If the petitioning process is not complete, the eligibility specialist must determine why the process is incomplete and annotate running record comments (CLRC). If the~~ petitioning ~~process is not complete or has not yet been initiated, the individual must show good cause for failure to petition the court. The eligibility specialist and the supervisor make good cause decisions on a case-by-case basis. Examples of reasons for Ggood cause~~ reasons ~~for not petitioning for a decision include:~~

1. the recipient applied for legal services and does not have access to a private attorney for this purpose,
2. current attorney is unavailable to handle the petition at the present time, or
3. medical reasons (recipient or other member of AG is hospitalized or otherwise unable to take care of business).

If good cause exists, a partial eligibility review must be set for two months in the future (and every two months as needed) to check on the progress of the petition, as long as a good faith effort is being made by the individual to obtain a decision from the court. The trust will continue as an excluded asset until a decision is reached.

If at the end of the 90 day period, the individual has not yet petitioned the court and/or cannot demonstrate good cause, the asset will be considered available.

If the individual does not respond to the request for the status of the petition/proof of good cause, ongoing eligibility for assistance cannot be determined and the assistance must be closed, allowing ten days advance notice.

Refer to passage 1630.0575.03 for information regarding the decision of the court on availability of a trust.

1630.0575.03 Court Decisions - Trusts (MFAM)

The action the eligibility specialist takes upon learning of the court decision on availability of a trust to meet the current needs of a member of the SFU/AG depends on whether it will be considered unavailable or available.

If the trust is determined by the court to be unavailable, the value of the trust will be excluded as an asset. Further, Aany interest earned on the trust that remains in the trust is excluded as income.

If the trust is determined by the court to be available, the value of the trust must be considered as an asset beginning with the month the court decision is reached. If this causes ineligibility, the AG must be closed the next possible month allowing 10 days advance notice. An Ex Parte determination of Medicaid eligibility should be completed according to policy in Chapter 800. Overpayment will not be reported in this situation, if timely action is taken.

Note: Interest earned on available accounts must be counted as income.

1630.0576.02 How to Analyze Trusts (MFAM)

How to count funds held in a trust, whether as income or assets, depends on several factors:

1. who created the trust,
2. when it was created,
3. whether the trust is revocable or irrevocable, and
4. the conditions and terms of the trust.

1630.0576.04 Medicaid Qualifying Trusts before 10/1/93 (MFAM)

Per 65A-1.702(14), F.A.C., the following policy applies only to those trusts established before 10/1/93.

A Medicaid qualifying trust is a trust or similar legal device (other than through a will) created by an individual, his spouse, or legal representative under which:

1. the individual may be the beneficiary of all or part of the payments from the trust, and
2. the amount of the distribution is determined by one or more trustees who are permitted to exercise any discretion with respect to the amount to be distributed to the individual.

Note: The term "Medicaid qualifying trust" (MQT) must not be confused with the term "qualified income trust." The MQT refers to some trusts established prior to 10/1/93 which disqualified individuals for Medicaid, while the "qualified income trust" refers to certain income-only trusts permitted on or after 10/1/93 which allow individuals to qualify for ICP or HCBS.

If the trust meets the definition of a Medicaid qualifying trust, consider the maximum distribution that could be paid to the applicant/recipient by the trustee(s) as an available asset and income to the individual whether or not the distribution is made. These policies apply even if the trust is irrevocable, regardless of the purpose of the trust or whether or not the trustee(s) actually exercises their discretion.

If the trustee has no or limited discretion or ability to disburse funds to the individual, the amount that is unavailable must be considered a transfer of an asset without fair compensation and must be evaluated under transfer of asset policy if it was established within the applicable transfer look-back period.

1630.0576.05 Exceptions for Trusts before 10/1/93 (MFAM)

Per 65A-1.702(14), F.A.C., the following trusts are exempt from the Medicaid qualifying trust provisions:

1. Trusts set up by a family member (other than the individual or spouse) under the State of Florida.

2. Umbrella Trust Agreement for developmentally disabled or mentally ill individuals in accordance with Florida Administrative Code 65-19. Any money given to the beneficiary by the trustee would be considered as income.

3. "Individual trusts" when the beneficiary is a mentally retarded individual who resides in an ICF/DD, provided the trust or initial trust decree was established prior to April 7, 1986, and is solely for the benefit of that mentally retarded individual.

4. Trusts established by will.

1630.0576.06 Undue Hardship/Trusts Set Up before 10/1/93 (MFAM)

Per 65A-1.702(14), F.A.C., if undue hardship exists, only the amount of the trust that is actually made available as income or assets is counted. Undue hardship is defined as any situation in which an individual may be forced to go without life sustaining services because the proceeds from a trust fund are not available to the individual. This may be due to legal restrictions or illegal actions by the trustee. All undue hardship decisions must be reviewed and approved by the eligibility specialist.

1630.0576.07 Trusts Established On or After 10/1/93 (MFAM)

The following policy applies to trusts established by an individual on or after 10/1/93.

An individual will be considered to have established the trust if assets of the individual were used to form all or part of the corpus of the trust and if any of the following individuals established the trust (other than by will):

1. the individual;
2. the individual's spouse;
3. a person, including a court or administrative body, with legal authority to act in place of or on behalf of the individual or the individual's spouse; or
4. a person, including a court or administrative body, acting at the direction or upon request of the individual or individual's spouse.

If the trust is **Revocable**:

1. Consider the entire principal as an available asset to the individual.
2. Consider any payments that can be made as countable income to the individual.
3. Consider any other payments from the trust as assets disposed of by the individual without fair compensation.

~~If the trust is **Irrevocable** and there are any circumstances under which payment from the trust could be made to or for the benefit of the individual:~~

1. ~~Consider that portion of the principal that could be available, as an asset to the individual.~~
2. ~~Consider payments from that portion of the principal that could be available as income to the individual.~~
3. ~~Consider any other payment from the trust as a transfer of assets.~~

~~If the trust is irrevocable and no payment could be made from the trust under any circumstances apply the transfer of assets policy to the individual's assets and income used to establish the trust. The transfer policy applies only to applicants or recipients of nursing facility services and HCBS. The trust is not counted as an available asset.~~

~~The above policies apply without regard to:~~

1. ~~the purpose of the trust;~~
2. ~~whether the trustees have or exercise any discretion under the trust;~~
3. ~~any restrictions on when or whether distributions may be made from the trust; or~~
4. ~~any restrictions on the use of distributions from the trust.~~

~~1630.0577 Real Property (MFAM)~~

~~Real property includes assets (in which an individual has ownership interest) that fall into the following categories:~~

1. ~~any real estate owned by the individual or couple, and~~
2. ~~income producing property.~~

~~1630.0578 Real Estate (MFAM)~~

~~Real estate that is not a homestead and does not involve life estate is included as an asset.~~

~~Otherwise non-excluded real property that an individual or family is making a good faith effort to sell can be excluded. Refer to passage 1630.0541.01 for good faith effort policies.~~

~~Information containing the name of owner, legal description, amount of indebtedness and to whom owed, and the assessed value is required verification. Sources of verification include deeds in possession of parent or relative, liens in personal possession, county property records, or contract with lien holder.~~

~~1630.0580 Value of Real Property (MFAM)~~

~~The county tax assessment of the property (minus any debts) is used to determine the ownership and value of the property.~~

~~1630.0583 Vehicles (MFAM)~~

~~A vehicle is any automobile, truck, motorcycle, etc., that is used to provide transportation, and includes vehicles that are unregistered, inoperable, or in need of repair.~~

~~While each program may include all or portions of a vehicle's value or exclude the value, the determination of the value of the vehicles to be included depends on the use of the vehicle.~~

~~1630.0588 Vehicle Exclusions (MFAM)~~

~~To assist families in attaining self-sufficiency, T~~the following ~~exclusions are~~ applied to licensed vehicles of applicants or recipients of Medicaid:

1. ~~a standard filing unit may exclude as an asset any vehicle necessary for the transportation of a physically disabled (including blind) member;~~

2. ~~fair market value is determined by using~~ the trade-in value to ~~determine~~ the wholesale value of the vehicle listed in the NADA book;

   ~~Note:~~ ~~In the NADA book use the trade-in value column to determine the wholesale value.~~

3. ~~a standard filing unit that does not contain an individual subject to work participation requirements may exclude one licensed vehicle, regardless of use, as long as the equity value of the vehicle does not exceed $8,500;~~

4. ~~a standard filing unit with individuals either employed or subject to the work participation requirements is allowed to exclude vehicles needed for training, employment or education purposes as long as the combined value of these vehicles does not exceed a total of $8,500;~~

5. ~~if the standard filing unit with individuals either employed or subject to work participation requirements owns multiple vehicles, some of which may not be used for employment and training purposes, the non-employment and training use vehicle with the highest equity value has the deduction applied first; the remaining deduction is applied to the employment and training vehicles;~~

6. ~~if there is more than one employment and training vehicle, the $8,500 deduction is applied first to the vehicle with the highest equity value; and~~

7. ~~any vehicle equity value remaining after the $8,500 deduction is applied will be counted toward the $2,000 asset limit.~~

   ~~**Note:** A filing unit which does not have an individual who is employed may only receive the $8,500 deduction for one licensed vehicle regardless of the number of licensed vehicles they own.~~

   ~~**Note:** Equity value is calculated by taking the NADA value of a vehicle and subtracting the amount owed.~~

~~1630.0589 Other Recreational Vehicles (MFAM)~~

~~House trailers and houseboats that are not the homestead and are not an excluded vehicle are included.~~

~~The resale value for house trailers and houseboats must be obtained from a reputable trailer or boat business. The resale value for other vehicles (such as campers, travel trailers, motor homes, pleasure boats, motorcycles, and aircraft) must be obtained from a reputable dealer for the particular type of vehicle. For MFAM purposes, this~~ The ~~resale value will be substituted for the trade-in value in the asset value determination.~~

~~1630.0590 Increases/Decreases to Value (MFAM)~~

~~The equity value is calculated by taking the NADA value of a vehicle and subtracting the amount owed.~~

~~The market value of a car, truck or van is determined with the listing of average trade-in value given in the most recent edition of either the Southeastern Edition NADA Official Used Car Guide or the NADA Older Car Guide.~~ The Department ~~does not make~~ No adjustments to the vehicle's value are made by the eligibility specialist for high mileage, low mileage, and options listed such as air conditioning, radio, and automatic transmission.

~~If an individual owns a vehicle that may be worth considerably more than the NADA value because of its model and/or year, such as a 1965 Ford Mustang, the NADA value for the oldest comparable model is still used.~~

~~A valuation from a reputable automobile dealer, rather than the NADA value may be used when:~~

1. ~~the "average trade-in" value affects the individual's eligibility;~~
2. ~~the vehicle was in an accident, sustained major mechanical and/or body damage which has not been repaired; or~~
3. ~~the vehicle is inoperable due to mechanical conditions that have not been repaired.~~

~~A reputable automobile dealer valuation of the current market value or the resale value may also be used when the vehicle is in excessively poor condition bodily and mechanically so that compared to other vehicles of the same make, model, year, and equipment its value is substantially affected. A vehicle does not qualify on this condition based solely on excess mileage and/or minor body damage such as rust, as these conditions are considered in the NADA book values given. The case record must contain an explanation of the condition of the vehicle that led the individual or eligibility specialist to believe the book value to be incorrect.~~

~~The individual obtaining the dealer's evaluation must request the dealer to provide the current market value of the car or the resale value. The trade-in value or wholesale value is unacceptable. The Department cannot assume liability for any costs arising from obtaining a dealer valuation.~~

~~Once a dealer values an older unlisted car placing the value at less than $1,500, another valuation is unnecessary for the same car at future redeterminations or reapplications. Notate the CF-ES Form 2610 or the CLRC screen when the valuation is placed in the case record.~~

~~When a dealer's valuation has been used due to the condition of the vehicle, the individual must report to the eligibility specialist any repairs affecting the value of the vehicle. However, the eligibility specialist must explore with the individual the condition of the vehicle at each complete redetermination to ensure that the conditions that resulted in its devaluation continue to exist. When such conditions have been remedied, the value of the vehicle must be redetermined through the NADA book or an additional dealer's valuation.~~

~~1630.0592 Verification of Vehicle Value (MFAM)~~

~~Information containing the name(s) of the owner(s), make, model, and year of the vehicle is required for all vehicles. The amount of indebtedness is required on all included vehicles. Sources of documentation include:~~

~~1. title,~~
~~2. tag registration,~~
~~3. Department of Motor Vehicle records,~~
~~4. purchase contract,~~
~~5. payment schedule, or~~
~~6. lien holder.~~

~~Use the average trade-in value listed in the National Automobile Dealers' Association (NADA) book with no adjustments for any special equipment as fair market value in determining equity value (fair market value minus indebtedness).~~

~~If a vehicle is not listed in the Southeastern Edition, National Automobile Dealers' Association (NADA) book, the Official Used Car Guide or the NADA Older Car Guide, the individual must obtain an appraisal or produce other evidence of the vehicle's value, such as a tax assessment or a newspaper advertisement indicating the amount for which like vehicles are being sold.~~

~~1630.0593 Assets Excluded by Federal Law (MFAM)~~

~~The eligibility specialist must verify or document the amount of the benefit received from the following sources, since they are potential assets:~~

1. ~~SSI benefits or SSI lump sum payments.~~

2. ~~Assistance from a vocational rehabilitation agency within certain limitations.~~

3. ~~Disaster assistance payments (P.L. 100-707). This exclusion applies to federal disaster assistance and comparable state or local assistance.~~

4. ~~Emergency payments made by another agency prior to the date direct assistance is received.~~

5. ~~Any grant, loan, gift or scholarship received by the individual. Effective 7/1/93, this includes financial assistance provided under programs in Title IV of the Higher Education Act and under Bureau of Indian Affairs student assistance programs. Effective 7/1/93, student financial assistance for attendance costs under the Carl D. Perkins Vocational and Applied Technology Education Act is also excluded. Attendance costs include: tuition and fees (as required by the institution of all students in the same course of study); and books, supplies, transportation, dependent care and miscellaneous personal expenses (as included in the assistance grant) for those attending on at least a half-time basis, as defined by the institution. Living expenses are not allowed as attendance costs unless the assistance grant includes funds for this purpose as part of miscellaneous personal expenses.~~

~~Funds derived from the following sources are not considered available income or assets, and it is not required that the source be verified or documented:~~

1. ~~Payments to a natural child of a Vietnam veteran born with spina bifida, except spina bifida occulta, as a result of the exposure of one or both parents to Agent Orange (P.L. 104-204).~~

2. ~~Payments to a natural child of a woman Vietnam veteran born with one or more birth defects resulting in permanent physical or mental disability (P.L. 106-419).~~

~~3. The employment related expense reimbursement received by a participant in Employment & Training Program.~~

~~4. Assistance payments received by households from the Low-income Home Energy Assistance Program administered by the Department of Community Affairs.~~

~~5. Any payment received by foster parents from any agency intended to provide for the needs of foster children or adults placed in their home; or adoption assistance payments for an individual whose needs are not included in the filing unit.~~

~~6. Income for children who are in the custody of the Department, which is collected by Fee Collections and placed into a Fee Collections trust account on behalf of a child, is not counted. The funds which, remain in the Fee Collections trust account are not counted as an asset. The income and assets are considered unavailable and are excluded in the eligibility determination.~~

~~7. Other trust accounts belonging to the child, or on behalf of the child, must be evaluated by the eligibility specialist for consideration in the Medicaid eligibility determination. Follow trust policy contained in the ACCESS Florida Program Policy Manual, beginning with passage 1630.0573, for evaluation of the trust account.~~

~~8. The value of the benefits under the Food Stamp Act of 1977, as amended, the value of USDA donated foods, the value of supplemental food assistance received under the Child Nutrition Act of 1966, as amended, and the special food service program for children under the National School Lunch Act.~~

~~9. Any benefits received under Title VII, Nutrition Program for the Elderly of the Older Americans Act of 1965, as amended.~~

~~10. Assistance provided under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.~~

~~11. Any funds distributed per capita to or held in trust for members of any Indian tribe under Public Laws 92-254, 93-134 or 94-540 and initial purchases made with funds distributed under Public Law 93-134 or Public Law 98-64.~~

12. ~~Any of the following distributions made to a household, individual native or descendant of a native, by a Native Corporation established by the Alaska Native Claims Settlement Act (Public Law 92-203 as amended):~~

    a. ~~per capita payments of $2,000 or less per year, including cash dividends on stock from a Native Corporation,~~
    b. ~~stocks (including stock issued or distributed by a Native Corporation as a dividend or distribution on stock),~~
    c. ~~a partnership interest,~~
    d. ~~land or interest in land (including land or interest in land received from a Native Corporation as a dividend or distribution on stock), or~~
    e. ~~an interest in a settlement trust.~~

13. ~~Payments under the Experimental Housing Allowance Program under Section 23 of the U.S. Housing Act of 1937, under contracts fully executed prior to January 1, 1975.~~

14. ~~Assistance provided to volunteers who participate in ACTION Programs funded under Public Law 93-113, including VISTA and other programs under Title I of that law.~~

15. ~~Payments for supportive services or reimbursement for expenses made to volunteers serving as foster grandparents, senior health aides or senior companions, and to persons serving on the Service Corps of Retired Executives, Active Corps of Executives, and other programs under Titles II and III, Public Law 93-113, Section 419.~~

16. ~~Federal income tax returns, including refundable tax credits (EITC and Child Tax Credit) and over-withholding (tax refunds) are excluded as income and assets in the month of receipt and will continue to be excluded as an asset for 12 months from the date of receipt.~~

17. ~~Payments made pursuant to the Radiation Exposure Compensation Act, to individuals (or their survivors) who became ill or died as a result of exposure to radiation through nuclear testing or uranium mining.~~

18. ~~Funds received by a member of the Passamaquoddy Indian Tribe, the Penobscot Nation, or the Houlton Band of Maliseet Indians pursuant to the Maine Indian Claims Settlement Act of 1980 will be disregarded as income and assets in the determination of eligibility for benefits under the TCA Program.~~

19. ~~Standard filing units receiving Temporary Cash Assistance and Medicaid which have funds paid to a homeless shelter either by themselves or on their behalf, will have such funds excluded as a countable asset, providing~~

~~that such moneys are to enable the family to pay deposits or other cost associated with moving into a stable shelter arrangement.~~

~~20. Payments received under the Crime Victim Compensation Program that offers compensation to victims and survivors of victims of criminal violence, including drunk driving and domestic violence (P.L. 103-322).~~

~~21. Payments made to individuals under the Energy Employees Occupational Illness Compensation Program (EEOICP) Act of 2000 (Public Law 106-398).~~

1630.0600 TRANSFER OF ASSETS (MFAM)

~~Transfer of assets policy does not apply to Family-Related Medicaid.~~

1830.0000 Family-Related Medicaid

This chapter discusses income policy for individuals whose income must be considered. ~~Refer to Chapter 2200 to determine which SFU members must have their incomes considered.~~ Modified Adjusted Gross Income (MAGI) is an Internal Revenue Service (IRS) method for counting income that aligns financial eligibility across all Insurance Affordability Programs (IAP). Adjusted Gross Income (AGI) is gross income minus casualty losses, charitable contributions, medical and dental expenses qualified retirement contributions and other miscellaneous itemized deductions. MAGI is equal to Adjusted Gross Income plus foreign earned income, employer contribution plans and, tax exempt interest accrued during the taxable year. If income tax information is unavailable, current point in time income will be used in the eligibility determination process.

~~1830.0001 Definition of Income (MFAM)~~

Earned and unearned i~~I~~ncome is money ~~cash~~ received from any source such as wages, benefits, contributions, and rentals. ~~Income means all income, earned as well as unearned, from any source unless specifically excluded in this chapter.~~ If income is taxable, it is counted.

1830.0100 INCOME CONCEPTS (MFAM)

~~This section contains a discussion of the income concepts.~~

1830.0101 ~~Earned and Unearned~~ Income (MFAM)

~~Income is classified into two categories for budgeting purposes: earned income and unearned income. All non-exempt income must be verified at application and review unless otherwise specified.~~

~~Exempt income is income (earned or unearned) that is excluded from consideration when determining eligibility. Accept the individual's statement for~~

~~amount and type of exempt income, unless information is questionable or verification is required.~~

Taxable Earned income is the receipt of wages, salary, commission, or profit from an individual's performance of work or services~~,~~ or a self-employment enterprise.

Taxable Unearned income is income for which there is no performance of work or services. Taxable ~~U~~unearned income may include:

1. Retirement, disability payments, unemployment/workers' compensation, etc.~~;~~
2. Annuities, pensions, and other regular payments;
3. Alimony and spousal support payments;
4. Dividends, interest, and royalties;
5. ~~Proceeds of life insurance policies~~;
6. Prizes and awards;
7. ~~Gifts and inheritances; and~~
8. Social Security ~~A,~~ and Social Security Disability Income~~, and SSI~~.

Excluded ~~Exempt~~ income **is income (earned or unearned) that is not counted ~~excluded from consideration~~ when determining eligibility. ~~Accept the individual's statement for amount and type of exempt income, unless information is questionable or verification is required.~~**

~~**1830.0102 Deductions from Gross Income (MFAM)**~~

~~Some deductions must not be subtracted from the gross income. Examples of these deductions include:~~

1. ~~Premiums for Supplemental Medical Insurance (SMI/Medicare) from a Title II (Social Security) benefit,~~
2. ~~Premiums for health insurance or hospitalization,~~
3. ~~Premiums for life insurance,~~
4. ~~Federal and state income taxes,~~
5. ~~Social Security taxes,~~
6. ~~Optional deductions,~~
7. ~~A garnished or seized payment, and~~
8. ~~Guardianship fees.~~

~~**Exception:** If the naming of a guardian is a requirement to receive the income, deductions for guardianship fees are disregarded, i.e., are not counted as income.~~

~~1830.0103 Infrequent or Irregular Income (MFAM)~~

~~Infrequent or irregular earned income not in excess of $30 in a calendar quarter is excluded when receipt cannot be anticipated. Infrequent or irregular unearned income not in excess of $60 in a calendar quarter is excluded when receipt can not be anticipated. This includes one-time gifts of cash for special occasions such as birthdays or Christmas from someone whose income is not included in the SFU. If the income is anticipated on a regular basis it will be included regardless of the amount.~~

~~1830.0106 Available Income (MFAM)~~

~~Income must be available to meet the~~ tax household's ~~SFU's needs to be considered, except in the case of lump sum income. Generally, I~~income ~~is considered available when it is actually available and/or when the individual has the legal ability to make the income available.~~

~~Exceptions to the policy above:~~

~~When~~ Occasionally, a regular monthly payment (e.g., Title II or VA) is received in ~~a month other than the month of normal receipt~~ and~~. As long as there is no interruption in the regular payment schedule, consider the funds to be income in the normal month of receipt.~~ Examples include advance dated checks and electronic funds transfer posted to the account before or after the month they are payable (e.g., Title II or VA). ~~Examples of this situation follow:~~

1. ~~Advance Dated Checks - When a payor advance dates a check because the regular payment date falls on a weekend or holiday, there is no intent to change the normal delivery date. Whenever such an advance dated check goes to a bank by direct deposit, the funds may be posted to the account before or after the month they are payable.~~

2. ~~Electronic Funds Transfer - When an individual's money goes to a bank by direct deposit, the funds may be posted to the account before or after the month they are payable. Whenever this occurs, treat the electronically transferred funds as income in the month of normal receipt. Florida State Retirement benefits are received the last workday of the month.~~

3. ~~Income may be unavailable due to legal restrictions or factors beyond the control of the individual. In both these situations, the eligibility specialist must request supporting evidence and make an independent assessment regarding availability based on the evidence presented. Additional guidance may be requested from the Region or Circuit Program Office, Headquarters, or Circuit Legal Counsel.~~

1830.0107 Unavailable Income (MFAM)

Some types of income are readily available to the individual and must be included; however, Tthe individual may have limited or no access to income in certain situations. Some unavailable income may still be included as income. Income may be unavailable due to legal restrictions or factors beyond the control of the individual.

In both this situations, the eligibility specialist must request supporting evidence and make an independent assessment regarding availability based on the evidence presented. Additional guidance may be requested from the Region or Circuit Program Office, Headquarters, or Circuit Legal Counsel.

Verified court ordered support payments that a parent or relative must make outside of the home along with guardianship or power of attorney fees paid to an individual outside the SFU are considered unavailable income.

When benefits from other benefit programs are withheld to recover an overpayment, the portion withheld is unavailable income.

Income deemed to an individual outside of a filing unit is considered unavailable income when determining the eligibility of any persons in the filing unit. See Chapter 1600 for lump sum policy.

Some unavailable income may still be included as income, such as premiums for Supplemental Medical Insurance (SMI/Medicare) from a Title II (Social Security) benefit, premiums for health insurance or hospitalization, premiums for life insurance, federal and state income taxes, Social Security taxes, optional deductions and a garnished or seized payment.

1830.0108.02 Government Income Excluded (MFAM)

Funds from the following sources are excluded if the individual for whom the funds are specified or intended is not in the SFU:

1. Family Placement Program,
2. Office of Developmental Services,
3. DCF,
4. Home Care for the Elderly Program,
5. Aging Program Office, and
6. Home Care for Disabled Adults.

1830.0108.03 Joint Bank Accounts (MFAM)

The interest received from bank accounts is excluded as income to the individual.

1830.0112 Payments to Joint Owners (MFAM)

Payment to joint owners is one payment made on behalf of two or more individuals.

~~A Child Support payment received by an individual on behalf of two or more children.~~

In the absence of specific documentation, divide the income minus allowable expenses by the number of beneficiaries to determine the income amount for each individual.

1830.0116 Structured Settlements ~~Court Ordered Payments~~ (MFAM)

~~Include as income,~~ ~~m~~Money deducted or diverted from court ordered ~~payments~~ ~~support, alimony, or other legally binding agreement and paid to a third party for the tax household's standard filing unit an assistance group expense will be included as income. However, l~~If the ~~court ordered~~ payment ~~goes is ordered by the court to go directly to the third party rather than the tax household standard filing unit assistance group, the payment is will be excluded as a vendor payment.~~ Structured settlements are settlements of tort claims involving physical injuries or physical sickness under which settlement proceeds take the form of periodic payments, including scheduled lump sum payments. The full amount of each periodic payment, including the amount attributable to earnings under the annuity contract, is excludable from the settlement recipient's income.

~~**Example:** In the court order, the spouse was ordered to pay $200 child support each month. He was not ordered to pay the mortgage payment. If the spouse pays the mortgage directly to the mortgage company, in addition to his regular court ordered child support payment, the mortgage payment is considered a vendor payment and is excluded as income. If the spouse took the $200 he was to pay in child support and paid the mortgage payment instead, then the child support income would continue to count as income to his spouse since the $200 was court ordered support and this income was diverted to pay the mortgage.~~

~~**1830.0117 Deeming of Income (MFAM)**~~

~~Deemed income refers to a special budgeting calculation in which a portion of an individual's income is considered available to another SFU member. Deemed income is considered as unearned income in the budget.~~

~~For policy regarding deeming situations refer to SFU and deeming budgeting methods in Chapter 2600.~~

1830.0118 Vendor Payments (MFAM)

A vendor payment is a money payment made for the household's ~~SFU~~ expenses by an individual or organization ~~outside the SFU~~ from funds not legally owed to the household ~~SFU.~~ Vendor payments are excluded as income. ~~Any portion of~~

~~the expense which is paid by a vendor payment (see examples in 1830.0119) cannot be allowed as an expense under the income disregard policy (Chapter 2400). Any P~~payments made directly to the household ~~SFU~~ are not vendor payments regardless of the purpose or intent of the payment.

~~**1830.0119 Examples of Vendor Payments (MFAM)**~~

~~Examples of vendor payments include, but are not limited to, the following:~~

1. ~~Rent payments made directly to the landlord by a third party;~~
2. ~~Rent or mortgage payments made to landlords or mortgagees by DCF, Housing and Urban Development (HUD), or by state or local housing authorities;~~
3. ~~Payments made directly to the utility or phone company by a third party;~~
4. ~~Payments by a third party agency to a child care provider for an assistance group individual;~~
5. ~~Disability insurance coverage makes payments on a car due to an accident or illness of an assistance group member. The payment is not voluntary but rather is a specified part of the insurance policy.~~
6. ~~Legal agreement or court ordered payments that go directly to a third party rather than the assistance group; and~~
7. ~~Expense payments by an employer, agency, former spouse, or other person made to a third party from funds not legally owed to the assistance group.~~

1830.0122 Verification of Income (MFAM)

To determine eligibility for Medicaid ~~in the KidCare Program~~, verification of income will be performed by data exchange. ~~When income cannot be verified by data exchange, such as for individuals with no SSN or who have self-employment income, income must be verified in other ways. If information on the application is inconsistent with income information known to the Department, the income must be verified. Determination of eligibility for Medicaid should not be delayed awaiting data exchange responses.~~

An applicant's or recipient's self attestation of income is accepted if the amount stated on the application or redetermination form is reasonably compatible with information obtained by the Department through electronic sources. Reasonably compatible means within ten percent above or below the information received through data exchange. If an individual attests to income below the applicable standard and data sources indicate income above the applicable standard, and the difference between the two is 10% or less, accept the attestation. If the difference is more than 10%, first ask for a reasonable explanation and, if necessary, paper documentation from the individual. When the individual attests to income above the applicable income standard and the data source indicates income below the standard, the Department will accept the self attestation, make the person ineligible for full Medicaid (and enroll the person in Medically Needy)

and forward the application to the Federally Facilitated Marketplace or Florida Kidcare, if applicable.

When income cannot be verified by data exchange, such as for individuals with no SSN or who have self-employment income, income must be verified ~~in other ways~~ by other acceptable means such as pay stubs, CF-ES 2620, etc.

1830.0200 EARNED INCOME (MFAM)

Earned income includes all gross (before taxes or other deductions) wages and salaries including income derived from the sale of blood or plasma, tips from performance of work, ~~(including~~ wages deferred that are beyond the individual's control~~)~~, Federal Work Study and National and Community Services Trust Act living allowances through the Peace Corp, VISTA, Americorps, Foster Grandparent Program, Service Corps of Retired Executives and other volunteer programs. Wages are included as income at the time they are received rather than when earned.

Wages are considered earned income even when withheld at the request of the employee or provided as an income advance on income expected to be earned at a future date. ~~Advances are different from loans since they are paid in exchange for anticipated services or labor.~~

An individual is considered employed when engaged in a business, occupation or service for cash paid by another person, group of persons or company. Wages or paid salaries received after employment has ended, such as accrued vacation time, are considered earned income ~~(~~except for severance pay, which is unearned income~~)~~. ~~An example of this type of wage is payment for accrued vacation time.~~

Employer-provided sick pay is earned income as long as the individual plans to return to work after recovering and is still considered an employee. Sick pay is a continuation of salary with normal payroll deductions ~~and is not to be confused with benefits, such as Workers' Compensation, that are considered unearned rather than earned income~~.

~~**1830.0204 Sale of Blood or Plasma (MFAM)**~~

~~Income derived from the sale of blood or plasma is included as earned income.~~

~~**1830.0206 Tips (MFAM)**~~

~~The amount of tips reported by the employee will be included as income. Many times an employer will include on the pay stub of the employee an amount the employer must report to the IRS for tax purposes. This is an allocated amount and cannot be interpreted as the amount actually earned or received by the~~

~~employee. The tip amount reported by the employee can be accepted unless questioned.~~

~~In some instances, the employee reports actual tips to the employer. In this instance, the employer can verify actual tips earned. The individual should keep records on a daily basis if the tips are not reported to the employer, so this information can be used for verification~~

~~1830.0207 Verification of Earned Income (MFAM)~~

~~All non-exempt earned income must be verified at application unless otherwise specified.~~

~~All non-exempt earned income must be verified. Information that must be verified includes:~~

1. ~~the first and last dates of employment,~~
2. ~~the first and last day of pay,~~
3. ~~gross income including overtime and tips, and~~
4. ~~frequency of payment.~~

~~Acceptable forms of verification include, but are not limited to, the following:~~

1. ~~W-2 forms and income tax returns for self-employed individuals,~~
2. ~~wage receipts,~~
3. ~~wage statements,~~
4. ~~pay stubs,~~
5. ~~employment verification form or written statements containing the required information,~~
6. ~~collateral contact with employer, and~~
7. ~~work calendar (for tips and recording pay as received).~~

~~If the employee reports actual tips to the employer, the employer is the source of verification. If the actual tips are not reported to the employer, the individual should keep records on a daily basis. The tip amount reported by the employee can be accepted unless questioned.~~

~~Any document used to verify income must be copied and retained in the case record. All documents must be completed and signed by the appropriate individuals (for example, the employer).~~

~~As a part of verifying last date of employment and last day of pay, any loss of or reduction in income which occurred within the month of application and the reason for the loss or reduction, must be verified when possible. Examples of~~

~~circumstances that might make verification impossible are when a business closes or when a person for whom child care was provided moves and the new address is unknown.~~

~~If documentation or verbal verification is required and is not provided within specified time limits, the assistance group must be determined ineligible for assistance. The eligibility specialist must submit a policy exception request to the Region or Circuit Program Office, or at the Region or Circuit's discretion the unit supervisor. If the individual reports an inability to secure required documentation or verification due to factors beyond their control, the Region or Circuit Program Office or the unit supervisor, if authorized by the Region or Circuit Program Office, may grant or deny the exception.~~

~~At review, previously verified income does not need to be re-verified unless the customer reports:~~

1. ~~a decrease in income which results in a member of the household becoming eligible for full coverage Medicaid. For example, the loss of income will allow a household member to move from Medically Needy to Medicaid.~~
2. ~~a change in countable earnings which puts an assistance group within $50 of being ineligible for full coverage Medicaid.~~
3. ~~income from a new source.~~
4. ~~questionable information.~~

~~Staff should continue to use available sources at hand (data exchanges, collateral contacts from the employer, etc.) to verify income before asking a customer to provide documentation.~~

~~**Exception:** The individual's statement that his income exceeds the income standard is sufficient to deny or close medical assistance. However, medical assistance cannot be denied/closed without an ex parte determination of Medicaid eligibility. Continuous coverage must be considered for all children in the assistance group.~~

~~1830.0209.02 Collateral Contact Verification (MFAM)~~

~~Verification must be obtained regarding the source and amount of benefits received. When written evidence of verification is unavailable, the following information provided by a collateral contact must be recorded:~~

1. ~~date verbal verification is received,~~
2. ~~name and title of person providing verification,~~
3. ~~source of the benefit,~~
4. ~~date(s) received and amount,~~
5. ~~benefit claim or identification number for each individual, and~~

~~6. the reason the individual is eligible for the benefit.~~

~~1830.0209.04 Verification of a Child's Wages (MFAM)~~

~~Wages of a child whose total income is excluded under the student disregard policy are also excluded from documentation/verification requirements. The applicant's/recipient's statement regarding the amount of income and number of hours employed may be accepted unless questionable.~~

1830.0300 SELF-EMPLOYMENT (MFAM)

An individual who owns a business or otherwise engages in a private enterprise is considered self-employed. Income derived from self-employment is considered earned income.

This includes but is not limited to:

1. childcare ~~babysitting~~,
2. sales from a franchise company,
3. picking up and selling cans,
4. farming and fishing self-employment, or
5. selling newspapers.
6. Income from an *S* corporation. The income, losses deductions, or credits are based on a partnership agreement and passed on to shareholders based on a pro rata share.
7. Income from rental property

~~Refer to passages 1830.0302 through 1830.0315 to determine net income as well as verification required.~~

1830.0302 ~~Allowable~~ Costs of Self-Employment Income (MFAM)

Net earned income from self-employment is the total gross income derived from all trades and businesses as computed under the Internal Revenue Code, less deductions allowable under the code, attributable to such trades or businesses. It includes the individual's share of ordinary net income (or loss) from partnerships even though the partnership profits have not been distributed yet.

Allowable costs of producing self-employment income include, but are not limited to, the following expenses. The assistance group is required to keep a record of the expenses incurred in the production of this income:

1. identifiable costs of labor (salaries, employer's share of Social Security, group medical insurance, employee reimbursements,etc.);
2. stock, raw materials, seed and fertilizer, and feed for livestock;

3. rent and cost of normal building maintenance;
4. business telephone costs and utility expenses.
5. costs of operating a motor vehicle when required in connection with the operation of the business;
6. interest paid on debts related to the business property;
7. insurance premiums related to the business;
8. depreciation costs for owned property used in business or held to produce income. costs for feed for work stock;
9. travel meals, lodging and entertainment expenses , but not meals, away from home.
10. legal and professional fees
11. pension plans.

1830.0303 Costs not Allowed (MFAM)

The following expenses will not be allowed as a cost of producing self-employment income:

1. payments on the principal of the purchase price of income producing real estate and capital assets, equipment, machinery and other durable goods;
2. net losses from previous periods;
3. federal, state and local income taxes, money set aside for retirement purposes and other work related personal expenses (such as transportation to and from work), as these expenses are accounted for by the 20% earned income adjustment and earned income disregards;
4. depreciation;
5. Social Security and income tax deductions;
6. child care costs (not an allowable expense if he is a child care provider, even if he pays someone else for care), and
7. transportation to and from work.

Note: Business equipment and supplies are considered assets.

1830.0306 Earned Income from Farming and Fishing (MFAM)

Farming and fishing for profit is self employment. is any activity involving raising crops, including livestock, and poultry, to sell for profit rather than solely for family consumption are counted as self employment income. Profits from farming and fishing are gross income.

Individuals who Ffarming and fish for self employment individuals must provide their most recent income tax return to the eligibility specialist. If there is no tax return, or the tax return is not representative of the current net income the individual must provide bills and receipts or any other records of sales and expenses. The eligibility specialist may consult with the County Agricultural Agent to determine the accuracy of the income and expenses and whether any money from a subsidy, loan, or Government Farm Program has been received.

1830.0316 Rental Income (MFAM)

Rental income is any payment for using real estate or personal property less allowable expenses. Examples of rent include payments for the use of:

1. land;
2. buildings;
3. an apartment, room, or house; or
4. machinery or equipment.

Income received from the rental of real estate is considered earned income from self employment. ~~if the arrangement requires participation by the parent or other caretaker relative in managing the property. The rental income will be considered unearned if the individual does not actively manage the property or if it is managed by someone else.~~

~~**1830.0307 Allowable Costs (MFAM)**~~

~~Recognized operating costs include:~~

~~1. seed,~~
~~2. feed,~~
~~3. fertilizer,~~
~~4. supplies,~~
~~5. labor,~~
~~6. fuel,~~
~~7. pesticides, and~~
~~8. machinery rentals.~~

~~Depreciation costs are not recognized. Operating costs for the farmer do not include:~~

~~1. child care,~~
~~2. Social Security, or~~
~~3. income tax.~~

~~Livestock, farm equipment, and property are considered assets.~~

~~**1830.0308 Child Care in Own Home (MFAM)**~~

~~Individuals providing child care in their own home are self-employed. The amount anticipated to be received in the month will be used in the benefit calculation.~~

~~There is a deduction of $1.00 per child per day for care of children in the individual's own home. However, the $1.00 per day deduction cannot be allowed when the child for whom care is provided is a resident of the same dwelling unit as the individual providing care.~~

~~The individuals are considered to be providing child care in their own home either when renting, purchasing, or living rent free without shelter cost.~~

~~1830.0309 Income for Payment for Room and Board (MFAM)~~

~~Room and board payments, minus monthly expenses of $58 per boarder, are included as earned income.~~

~~An individual is considered to be providing room and board when prepared meals, shelter, utilities, and linens are given in return for a cash payment~~.

~~1830.0310 Corporations (MFAM)~~

~~Income of a corporation should be treated as earned income from self-employment in accordance with Section1830.0300. Regular verification procedures apply. Refer to passage 1830.0315.~~

~~1830.0315 Verification of Self-Employment Income (MFAM)~~

~~Self-employed individuals must verify earned income at application. In addition, these individuals must make all business records available to the eligibility specialist. Examples of business records include documentation on:~~

1. ~~income tax records necessary to determine gross income and deductible expenses,~~
2. ~~purchases,~~
3. ~~sales,~~
4. ~~salaries,~~
5. ~~capital improvements,~~
6. ~~utility, transportation, and other operating costs, and~~
7. ~~work calendars for tips and recording pay as received.~~

~~If the individual claims to have no business records, or that the records are inaccurate, discuss with the individual their most recent representative income. CLRC should explain how the income was determined.~~

~~At review, previously verified income does not need to be re-verified unless the customer reports:~~

1. ~~a decrease in income which results in a member of the household becoming eligible for full coverage Medicaid. For example, the loss of income will allow a household member to move from Medically Needy to Medicaid.~~

~~2. a change in countable earnings which puts an assistance group within $50 of being ineligible for full coverage Medicaid.~~
~~3. income from a new source.~~
~~4. questionable information.~~

~~Staff should continue to use available sources at hand (data exchanges, collateral contacts from the employer, etc.) to verify income before asking a customer to provide documentation.~~

~~**Exception:** The individual's statement that his income exceeds the income standard is sufficient to deny or close medical assistance. However, medical assistance cannot be denied/closed without an ex parte determination of Medicaid eligibility. Continuous coverage must be considered for children in the assistance group.~~

1830.0400 WAGES RECEIVED FROM TRAINING PROGRAMS (MFAM)

When the individual participates in a work or on-the-job training program that involves work for payment, the payment is included as income, unless specifically excluded in the following passages. Training allowances from Vocational and Rehabilitative Programs recognized by a government agency are also included income, unless excludable as a reimbursement.

~~**1830.0401 Workforce Investment Act (MFAM)**~~

~~The following sections describe exceptions to general Workforce Investment Act (WIA) income policy that applies to MFAM.~~

~~**1830.0404 Workforce Investment Act (WIA) Income for Adults (MFAM)**~~

All earned income received or anticipated to be received directly from an employer through participation in the WIA Program is included ~~and is subject to the appropriate earned income disregard~~. This includes earned income paid directly by an employer through the WIA on-the-job training program.

Unearned income from WIA is excluded. Types of payments the individual may receive that would qualify as unearned income include:

1. need based payments,
2. cash assistance, and
3. compensation instead of wages and allowances (this includes payments received for classroom training).

A child's unearned income from WIA is excluded.

~~1830.0405 (WIA) Income for Children (MFAM)~~

~~A child's earned income from WIA is excluded.~~

~~A child's unearned income from WIA is excluded income. The parent/relative caretaker cannot be considered a child. Unearned income includes the same types of payments specified in passage 1830.0404.~~

~~1830.0406 Verification of WIA Income (MFAM)~~

~~Verification should include:~~

~~1. source,~~
~~2. amount received,~~
~~3. date(s) paid,~~
~~4. frequency,~~
~~5. purpose, and~~
~~6. type of payment.~~

1830.0500 REAL ESTATE INCOME (MFAM)

~~Income from real estate includes any funds resulting from property ownership. This income can be earned or unearned.~~

~~Passages 1830.0503.01 through 1830.0503.03 describe income received from rental property, sales contracts on property, and room and board.~~

~~1830.0503.01 Rental Income (MFAM)~~

~~Rental income is any payment for using real~~ estate ~~or personal property less allowable expenses. Examples of rent include payments for the use of:~~

~~5. land;~~
~~6. buildings;~~
~~7. an apartment, room, or house; or~~
~~8. machinery or equipment.~~

~~Income received from the rental of real estate is considered earned income~~ from self employment ~~if the arrangement requires participation by the parent or~~ other caretaker ~~relative in managing the property. The rental income will be considered unearned if the individual does not actively manage the property or if it is managed by someone else.~~

~~1830.0503.02 Computation of Rental Property Income (MFAM)~~

~~Income from rental property is computed as follows:~~

For improved rental property owned by the parent or other caretaker relative, the earned income is the amount of cash received, or anticipated to be received, minus 25 percent of gross rental receipts if the owner is responsible for upkeep and repairs. A deduction is recognized for taxes and the interest portion of mortgage payments (to the extent interest is a business expense) for property other than the homestead. These deductions cannot be allowed for the AG residence on homestead property, but can be allowed (by prorating rental) for structures on the homestead property.

For unimproved rental property owned by the parent or other caretaker relative, the earned income is the amount of cash received, or anticipated to be received, minus 15 percent of gross rental receipts if the owner is responsible for upkeep of fences, wells, and the like. A deduction is recognized for taxes and the interest portion of mortgage payments on property other than the homestead.

1830.0503.03 Property Sublet by the Individual (MFAM)

When the individual rents property and in turn subleases or rents any part or all of the property, the amount of cash received or anticipated to be received is considered as earned income. No operating costs will be allowed.

1830.0600 IN-KIND BENEFITS (MFAM)

Non-cash or in-kind benefits are excluded. This includes, but is not limited to:

1. meals,
2. clothing,
3. public housing (HUD),
4. produce from a garden,
5. WIC coupons, and
6. food stamps.
7. Free or reduced price meals and food from government agencies or schools, service facilities and other institutions recognized under a USDA Program, the Older Americans Act or DCF Program; and
8. The value of the food stamps and WIC allotments.
9. National and Community Services Trust Act Basic health insurance policies, child care services, auxiliary aid and services to individuals with disabilities, and the national service educational awards.

Passages 1830.0601 through 1830.0603 describe general policy for in-kind benefits. There are no other written program specific policies for in-kind benefits.

1830.0601 In-Kind Benefits - Meals/Food (MFAM)

The following types of in-kind support are excluded:

1. ~~Free or reduced price meals and food from government agencies or schools, service facilities and other institutions recognized under a USDA Program, the Older Americans Act or DCF Program; and~~
2. ~~The value of the food stamps and WIC coupon allotments.~~

~~1830.0602 In-Kind Benefits for Disabled Veterans (MFAM)~~

~~The clothing allowances for veterans with prosthetic or orthopedic devices are excluded as an in-kind benefit.~~

~~1830.0603 Medical and Social Service Programs (MFAM)~~

~~Medical and social service program payments or in-kind benefits are excluded. Some examples are:~~

1. ~~child welfare services provided under Title IV-B of the Social Security Act;~~
2. ~~Title XX Services;~~
3. ~~services provided under Title III of the Older Americans Act;~~
4. ~~Title XIX medical assistance (Medicaid);~~
5. ~~Title XVIII health insurance (Medicare);~~
6. ~~services provided under the Rehabilitation Act of 1973;~~
7. ~~mental health services;~~
8. ~~Veterans Administration payments for aid and attendance, unreimbursed medical expenses and housebound allowances;~~
9. ~~maternal and child health and crippled children's services provided under Title V of the Social Security Act; and~~
10. ~~payments made to participants of the Consumer Directed Care Project.~~

1830.0700 SUPPORT PAYMENTS (MFAM)

Support payments are ~~those~~ funds paid by a ~~legal or non-legal~~ non-custodial parent or spouse intended for the support or maintenance of a member of the household ~~SFU~~. ~~This income is included as unearned income.~~

~~Examples of support payments that are included as unearned income are:~~

1. ~~voluntary and court ordered child support payments received from a legal or non-legal parent;~~
2. ~~monies received to pay basic living expenses; and~~
3. ~~income received for additional living expenses such as recreation and transportation.~~

Support paid by a non-custodial parent ~~The income~~ is considered child support ~~income~~ to the child for whom the payment is intended and is excluded.

~~1830.0704 Child Support (MFAM)~~

All child support received or anticipated to be received for any member of the tax household ~~standard filing unit (SFU)~~, including delinquency or arrearages, is excluded ~~must be counted as~~ unearned income ~~minus any collection fees charged. A one-time lump sum payment would be counted as an asset rather than income~~.

~~If the individual requests child support be paid through a court or private support collection agency that charges a fee for collection, the gross amount collected prior to the collection fee is budgeted as unearned income.~~

~~Note:~~ Payments received for a child no longer in the home is ~~would~~ considered ~~count as~~ a contribution and is also excluded.

~~Exception:~~ ~~Income from the legal or non-legal father for a minor who is considered a parent (adult) for Temporary Cash Assistance purposes must be considered a contribution. Likewise, monies paid from a biological father when a child already has a legal parent must also be considered a contribution.~~

~~1830.0705 Alimony (MFAM)~~

Spousal support or a~~A~~limony is an amount of money allocated from one spouse to another by the court as a result of a divorce or separation agreement. The amount of alimony received or anticipated to be received must be counted as unearned income minus any collection fees charged.

~~1830.0707 Verification of Support (MFAM)~~

~~When child support or alimony is received or anticipated, the individual must provide verification at application and review of:~~

~~1. the amount received;~~
~~2. date payment received and whether it will continue;~~
~~3. whether or not payment is court ordered;~~
~~4. from whom and to whom the payments are made; and~~
~~5. the amount of any collection fee charged.~~

1830.0800 ASSISTANCE FROM GOVERNMENT AGENCIES (MFAM)

Assistance payments are benefits based on applicant or recipient need.

Payments excluded as unearned income are:

1. Energy assistance such as Low Income Home Energy Assistance Program (LIHEAP)and Home energy assistance (HEA)
2. Across-the-board rebates from utility companies

3. Payments from the U.S. Department of Housing and Urban Development (HUD) and the Farmers Home Administration (FmHA) used to offset rent or mortgage or utility payments
4. Disaster assistance payments
5. Cash Severance payments, upfront diversion payments and state relocation payments
6. Temporary Cash Assistance and Relative Caregiver payments
7. Supplemental Security Income (SSI) and OASDI payments
8. Emergency Financial Assistance for Housing Program (EFAHP) payments
9. Home Care for the Elderly and Home Care for Disabled Adult payments are excluded when not specifically identified for a member of the assistance group
10. Benefits withheld to recover an overpayment
11. Adoption subsidies and foster care payments
12. Payments from a state fund for the victims of crimes

~~The following topics are discussed in this section:~~

~~1. Energy Assistance,~~
~~2. Programs Administered by HUD/FmHA (for Public Housing and utility payments),~~
~~3. Vocational Rehabilitation,~~
~~4. Disaster Assistance Payments,~~
~~5. Relocation Assistance,~~
~~6. Foster Care Payments,~~
~~7. Developmental Services,~~
~~8. Supplemental Security Income (SSI),~~
~~9. Assistance Payments Based on Need, and~~
~~10. Overpayments - Other Assistance Programs.~~

~~Income tax refunds are handled as follows: (add lump sum section)~~

~~**Federal income tax refunds** are not included as income because the amount previously withheld or paid was, or would have been, counted as income as part of gross earnings. The amount of refund remaining is excluded as an asset for 12 months following the date of receipt.~~

~~**1830.0801 Energy Assistance (MFAM)**~~

~~Passages 1830.0803.01 and 1830.0803.02 discuss energy assistance payments.~~

~~**1830.0803.01 LIHEAP Payments (MFAM)**~~

~~Assistance payments received by households from the Low Income Home Energy Assistance Program (LIHEAP) administered by DCF are excluded income.~~

~~1830.0803.02 HEA Payments (MFAM)~~

~~Payments received in the form of home energy assistance (HEA) are excluded if they are based on need and certified by DCF.~~

~~Across-the-board rebates from utility companies to all customers are not considered to be based on need. However they are excluded as a reimbursement.~~

~~The source of HEA payment must be verified.~~

~~1830.0805 Programs Administered by HUD/FmHA (MFAM)~~

~~Individuals generally can exclude the value of any assistance from the U.S. Department of Housing and Urban Development (HUD) and the Farmers Home Administration (FmHA) used to offset their rent or mortgage payments. These payments may be made to landlords or mortgagees.~~

~~1830.0806 HUD/FmHA Utility Payments (MFAM)~~

~~When an assistance group lives in subsidized housing, all or a portion of its rent may be paid by HUD or the Farmers Home Administration (FmHA). In this situation, a rent deduction may be claimed for the amount the assistance group actually pays. The assistance group may also qualify for a HUD or FmHA utility payment.~~

~~HUD and FmHA utility payments are excluded as income due to these payments being made for the purpose of providing energy assistance. Additionally, when a HUD/FmHA utility allowance is used to reduce the amount of rent, this type of "utility allowance" is not to be considered income.~~

~~1830.0807 Public Housing (MFAM)~~

~~Assistance received in cash from public housing authorities is excluded up to the difference between the payment standard and consolidated need standard (CNS). When assistance is received in excess of the maximum exclusion, the excess is considered unearned income in the budget.~~

~~1830.0809 Vocational Rehabilitation (MFAM)~~

~~Assistance from a vocational rehabilitation agency within certain limitations is excluded. The source of income must be verified and documented.~~

~~1830.0810 Limit on Rehabilitation Assistance (MFAM)~~

~~Assistance provided for rehabilitation toward total self-support will not be considered as income if:~~

1. the assistance is provided by a rehabilitation agency;
2. the plan is made between the individual and a representative of the rehabilitation agency; and
3. the plan is detailed in the case record.

Individuals generally can exclude this assistance for up to 12 months. Income from Vocational Rehabilitation (VR) can be excluded for 36 months.

1830.0811 Disaster Assistance Payments (MFAM)

Permanently exclude:

1. payments, including disaster unemployment assistance, received under the Disaster Relief Act of 1974 [P.L. 93-288, Section 312(d)], as amended by the Disaster Relief and Emergency Assistance Amendments of 1988 [P.L. 100-707, Section 105(i)] from income.
2. National Flood Insurance Program (NFIP) payments made under the National Flood Insurance Act of 1968, as amended by Public Law 109-64, enacted on September 20, 2005.

Exclude interest earned on disaster assistance payments from income.

Most Federal Emergency Management Assistance (FEMA) funds are excluded. However, some payments made to homeless people to pay for rent, mortgage, food, and utilities when there is no major disaster or emergency are not excluded under this provision.

Apply this exclusion when:

1. the president determines an emergency or major disaster exists; and
2. the individual was directly affected by the disaster; and
3. the payment is received from a disaster assistance organization or a federal, state or local government.

1830.0813 Federal Relocation Assistance (MFAM)

Reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Act of 1970 (Public Law 91-646, Section 261) are excluded as income.

1830.0814 Cash Severance Upfront Diversion, State Relocation Payment (MFAM)

Cash Severance payments, upfront diversion payments and state relocation payments are excluded as income and assets in all MFAM budgets.

~~1830.0815 Adoption Assistance (MFAM)~~

~~The needs of a child for whom federal, state or local adoption assistance payments are provided must be excluded therefore, the child's income and assets are excluded. If excluding a child for whom adoption assistance payments are made is disadvantageous, then the child's needs may be included then the income and assets of the child are also considered, including adoption assistance payments.~~

~~1830.0816 Foster Care Payments (MFAM)~~

~~Any payments received by a foster care parent from any agency intended to provide for the needs of the foster care children or adults placed in his home are considered the income of that foster care child or adult and are considered excluded income to the foster parent.~~

~~1830.0817 TCA/Relative Caregiver Payments (MFAM)~~

~~Temporary Cash Assistance or Relative Caregiver payments are excluded income in all Medicaid budgets.~~

~~1830.0819 Developmental Disability Payments (MFAM)~~

~~Support Independent Living Arrangement (SILA) payments from the Agency for Persons with Disabilities are excluded up to the difference between the payment standard and consolidated need standard (CNS). When assistance is received in excess of the maximum exclusion, the excess is considered unearned income in the budget. These payments are considered assistance based on need and are paid to disabled individuals moving from group or community homes to independent living situations to assist with living expenses.~~

~~1830.0820 Supplemental Security Income (MFAM)~~

~~Supplement Security Income (SSI) payments are administered by SSA. The SSI individual and the SSI income are both excluded for Family-Related Medicaid.~~

~~1830.0821 EFAHP Payments (MFAM)~~

~~EFAHP assistance payments are excluded as income.~~

~~1830.0824 Assistance Payments Based on Need (MFAM)~~

~~Passages 1830.0826 - 1830.0829 discuss policy on treatment of assistance payments. Income based on need, such as Temporary Cash Assistance, Refugee Assistance Program or Refugee Resettlement Match Grant payments, are included as unearned income unless specifically excluded in the following sections.~~

~~1830.0826 Home Care for Elderly or Disabled Adult Payments (MFAM)~~

~~For MFAM, HCE and HCDA payments are excluded when not specifically identified for a member of the assistance group.~~

~~**1830.0827 Assistance Payments (MFAM)**~~

~~Monthly cash payments from another agency (minus training expenses) to meet ongoing maintenance needs as defined by DCF are unearned income unless specifically excluded as such.~~

~~Documentation or verification from the agency as to the amount received, frequency, purpose, and type of program is required.~~

~~**Exception:** Emergency payments made by another agency or a nonprofit organization prior to the date the first TCA benefits are received will not be considered income.~~

~~**1830.0828 Family Subsistence Supplemental Allowance (MFAM)**~~

~~A provision of the Department of Defense Act for Fiscal year 2001 requires DOD to pay certain military members and their families a Family Subsistence Supplemental Allowance (FSSA) of up to $500 per month. The FSSA is available to military members who have completed basic training and whose gross household income is within the food stamp gross income limit for the household size. The food stamp definition of a household is also used when the FSSA is calculated. The FSSA will be counted as unearned income in the TCA, food stamp and Medicaid Programs.~~

~~**1830.0829 Overpayments - Other Assistance Programs (MFAM)**~~

~~When benefits from other benefit programs are withheld to recover an overpayment, the portion withheld is excluded as income.~~

1830.0900 BENEFITS (MFAM)

~~Section 1830.0900 (inclusive) discusses types of benefits payable to individuals and their treatment as unearned income, including benefits such as:~~

The gross benefit amount received, or anticipated to be received, is considered unearned income. Benefits are owned by the individual for whom they are intended unless the individual is not in the home and the benefits are not redirected.

Benefits excluded as unearned income are:

1. Veterans' benefits including disability compensation and pension payments for disabilities paid either to veterans or their families.
2. Workers' Compensation payments designated for medical expenses paid or deducted at the source and not controlled by the individual.
3. Holocaust Victims Restitution payments made as a result of persecution, mental disability, or sexual orientation. This includes compensation for property losses.

4. Payments from federal income taxes for earned income tax credit and child tax credit, including any retroactive payments
5. Compensation received for permanent loss or loss of use of a part or function of your body, or for permanent disfigurement.
6. Funds received by a member of the Passamaquoddy Indian Tribe, the Penobscot Nation, or the Houlton Band of Maliseet Indians pursuant to the Maine Indian Claims Settlement Act of 1980.
7. American Indian and Alaska Native distributions and payments: Distributions from Alaska Native Corporations and Settlement Trusts; Distributions from any property held in trust, subject to Federal restrictions, located within the most recent boundaries of a prior Federal reservation, or otherwise under the supervision of the Secretary of the Interior; Distributions and payments from rents, leases, rights of way, royalties, usage rights, or natural resource extraction and harvest; Distributions resulting from real property ownership interests related to natural resources and improvements; Payments resulting from ownership interests in or usage rights to items that have unique religious, spiritual, traditional, or cultural significance or rights that support subsistence or a traditional lifestyle according to applicable Tribal Law or custom; Student financial assistance provided under the Bureau of Indian Affairs education programs.

Benefits included as unearned income are:

1. Railroad retirement payments including retirement, survivor, unemployment, sickness and strike benefits
2. Unemployment Compensation Benefit payments
3. Severance pay
4. Social Security Administration Benefits including Title II Social Security benefits~~,~~
5. Annuities, pensions, retirement or disability payments

~~1. Social Security payments;~~
~~2. Private benefit income such as annuities, pensions, retirement, or disability (other than SSA);~~
~~3. Veterans payments;~~
~~4. Agent Orange benefits;~~
~~5. Workers' compensation;~~
~~6. Railroad retirement;~~
~~7. Unemployment benefits;~~
~~8. Striker support;~~
~~9. Severance pay; and~~
~~10. Death benefits.~~

~~1830.0901 Verification of Unearned Income (MFAM)~~

~~All non-exempt unearned income must be verified at application and review unless otherwise specified. The following sources may be used to verify unearned income:~~

1. ~~BENDEX or SDX tapes,~~
2. ~~SSA award letter,~~
3. ~~VA award letter,~~
4. ~~Pension or award letter,~~
5. ~~Unemployment Compensation award letter, and~~
6. ~~Child support court statement and/or current statement from absent parent.~~

~~1830.0903 Gross Benefits (MFAM)~~

~~The gross benefit amount received, or anticipated to be received, is considered unearned income. Benefits are owned by the individual for whom they are intended unless the individual is not in the home and the benefits are not redirected. Deductions for optional items such as health insurance and Medicare premiums continue to count as income.~~

~~1830.0904.01 SSA Income (MFAM)~~

~~Benefits that are paid by SSA are unearned income for all programs. These types of benefits include Title II Social Security benefits, SSI, special age 72 payments (PROUTY), and black lung benefits.~~

~~For all programs, the gross entitlement amount (prior to any deduction) is entered into the FLORIDA system on AFMI. The cents should not be dropped. (The system automatically drops the cents when calculating the budget for food stamps and SSI-Related Programs.)~~

~~Note:~~ ~~For MFAM: Social Security benefits recouped by SSA that are not received by the household are excluded unearned income.~~

~~For treatment of lump sum payments for SSA and for SSI-Related income refer to Chapter 2600.~~

~~1830.0904.02 Student Social Security Benefits (MFAM)~~

~~Social Security benefits for children age 18-22 who are considered full-time students in institutions of higher education or other post-secondary institutions are excluded as income. Students who are still in high school will have their Social Security benefits included as income. Social Security benefits received for children who are out of the home are excluded if the benefits are forwarded to the children. Children in this context may be parents or relatives ages 18-22.~~

~~1830.0905 Annuities, Pensions and Retirement Income (MFAM)~~

~~Annuities, pensions, retirement or disability payments are all included as unearned income. These payments are the result of purchase of an annuity, retirement from employment, survivor benefits for a former employee's dependents, or injury or disability, and may be made by an employer, an insurance company, or public or private fund.~~

~~1830.0906 Veterans Benefits and Payments (MFAM)~~

~~Veterans' compensation and pensions are based primarily on service in the armed forces and may also be made to the veterans' dependents or survivors. These payments, including stipend payments for participation in a study of Vietnam era veterans' psychological problems (P.L. 99-576) and monthly payments to veterans of the Vietnam era as a result of exposure to Agent Orange (P.L. 102-4) are counted as unearned income. The following are excluded as income:~~

1. ~~Reductions in basic pay while in active duty service or selected reserve service to provide for future basic educational assistance (P.L. 99-576).~~
2. ~~Payments to a natural child of a Vietnam veteran born with spina bifida, except spina bifida occulta, as a result of the exposure of one or both parents to Agent Orange P.L. 104-204).~~
3. ~~Payments to a natural child of a woman Vietnam veteran born with one or more birth defects resulting in permanent physical or mental disability (P.L. 106-419).~~
4. ~~Aid and attendance, a housebound allowance and unreimbursed expenses.~~

~~1830.0908 Workers' Compensation Payments (MFAM)~~

~~Workers' Compensation payments are included as unearned income.~~

~~Workers' Compensation payments are awarded to an injured employee or to the employee's survivors. Any portion of the payment designated for medical expenses paid or deducted at the source and not controlled by the individual is excluded from the income amount.~~

~~1830.0909 Railroad Retirement Payments (MFAM)~~

~~Retirement, survivor, unemployment, sickness and strike benefits from railroad payments are included as unearned income. Premiums for medical insurance under Medicare that may have been deducted must be added to the payment amount in determining the amount of unearned income. Entitlement or potential entitlement for railroad benefits should be suspected if the individual's SSN begins with the number "7".~~

The following are three different railroad retirement benefits:

1. The retirement benefit is payable only to the railroad employee or the employee's spouse. Benefits may be increased because of dependent children; however, the amount of the increase is considered income to the individual rather than the child(ren).
2. The survivor benefit is payable to widows/widowers and children or to dependent parents if no widow(er) or child qualifies.
3. Checks for unemployment, sickness, and strike benefits cover a period up to two weeks.

Retirement and survivor benefits are paid monthly. Payment received in the current month is the amount due the individual for the prior month.

Railroad retirement benefits are adjusted for cost of living at the same time as SSA. However, differences in amounts may exist due to individual case circumstances. Verification of differences should be made by reviewing an award notice. When contact with the railroad board (RRB) is necessary, contact the local RRB district office, not the RRB in Chicago.

1830.0910 Unemployment Compensation (MFAM)

Payments received pursuant to a state or federal unemployment law, or paid by a union or employer are included as unearned income.

1830.0912 Severance Pay (MFAM)

Severance pay is included as unearned income.

1830.0914 Energy Employees Occupational Illness Compensation Program (MFAM)

Payments made to individuals under the Energy Employees Occupational Illness Compensation Program (EEOICP) Act of 2000 (Public Law 106-398) are excluded as income.

1830.0915 Domestic Volunteer Services Act (MFAM)

The following are excluded income:

1. Assistance to volunteers who participate in ACTION Programs funded under Public Law 93-113, including VISTA or AmeriCorps VISTA and other programs under Title I of that law; and

2. Payments for supportive services or reimbursement for expenses made to volunteers serving as foster grandparents, senior health aides, or senior companions, and to persons serving on the Service Corps of Retired

~~Executives, Active Corps of Executives, and other programs under Title II and III of the act.~~

~~1830.0917 Indian Tribe/Alaskan Native (MFAM)~~

~~Exclusions include:~~

1. ~~Any funds distributed per capita to or held in trust for members of any Indian tribe under Public Laws 92-254, 93-134 (Sections 7 and 8), or 94-540 including funding from leases on restricted land and initial purchases made with funds distributed under Public Law 93-134 or Public Law 98-64 (as amended by Public Law 103-66); and~~

2. ~~Any of the following distributions made to a household, individual or descendant of a native, by a Native Corporation established by the Alaska Native Claims Settlement Act (Public Law 92-203 as amended):~~

   a. ~~per capita payments of $2,000 or less per year including cash dividends on stock from a Native Corporation.~~
   b. ~~stocks (including stock issued or distributed by a Native Corporation as a dividend or distribution on stock),~~
   c. ~~a partnership interest,~~
   d. ~~land or interest in land (including land or interest in land received from a Native Corporation as a dividend or distribution on stock), and~~
   e. ~~an interest in a settlement trust.~~

~~1830.0918 German/Japanese/Aleutian Payments (MFAM)~~

~~German reparation and Japanese and Aleutian restitution payments are excluded as income.~~

~~1830.0922 Crime Victim Compensation Program (MFAM)~~

~~Exclude payments received under this program that offers compensation to victims and survivors of victims of criminal violence, including drunk driving and domestic violence (P.L. 103-322).~~

~~1830.0923 Experimental Housing Allowance (MFAM)~~

~~Payments under the Experimental Housing Allowance Program from contracts entered into prior to January 1, 1975, are excluded.~~

~~1830.0924 Earned Income Tax Credit and Child Tax Credit (MFAM)~~

~~Payments from federal income taxes for earned income tax credit and child tax credit, including any retroactive payments, are excluded as income in the determination of eligibility, including the 185% test.~~

~~1830.0925 Radiation Exposure Compensation Act (MFAM)~~

~~Payments to compensate individuals or their survivors who have become ill or died as a result of exposure to radiation from nuclear testing and uranium mining, pursuant to the Radiation Exposure Compensation Act, are excluded as income.~~

~~1830.0927 Maine Indian Claims Settlement Act (MFAM)~~

~~Funds received by a member of the Passamaquoddy Indian Tribe, the Penobscot Nation, or the Houlton Band of Maliseet Indians pursuant to the Maine Indian Claims Settlement Act of 1980 will be disregarded as income and assets in the determination of eligibility for and the amount of benefits under the TCA Program.~~

~~1830.0931 National and Community Services Trust (MFAM)~~

~~Payments, other than for living allowances, under the National and Community Services Trust Act (NCSTA) of 1993 (P.L. 103-82) are excluded as income.~~

~~NCSTA projects for youth in Florida are operated through the Florida Conservation Corps. The project name is the Florida Youth Conservation Corps. Yearly contracts are renewed in early October of each year.~~

~~The NCSTA of 1993 revised the National and Community Services Act (NCSA) of 1990 and established a corporation for National and Community Service.~~

~~The corporation established by the NCSTA administers all National Service Programs. These include:~~

1. ~~the Senior Corps, for participants over the age of 55;~~
2. ~~the Youth Corps, for participants 14-17 years of age;~~
3. ~~Learn and Serve, for participants in grades K-12; and~~
4. ~~the AmeriCorps Network of Programs (also known as AmeriCorps State/National Programs).~~

~~There are also summer programs in each of these program areas.~~

~~For and Family-Related Medicaid Programs, NCSTA payments are budgeted as follows:~~

1. ~~Living allowances are treated as earned income, subject to earned and student earned income disregards. For participants other than children, earned income disregards are not applied in the 185% of need test.~~

2. ~~Stipends paid to Volunteers in Service to America (VISTA) participants are disregarded unless "the Director of ACTION determines that the value of all such payments, adjusted to reflect the number of hours such volunteers are serving, is equivalent to or greater than the minimum wage then in effect under the Fair Labor Standards Act of 1938, or the minimum wage~~

~~under the laws of the state where the volunteer is serving, whichever is greater."~~

~~3. Child care allowances are treated as grants. They are considered available income only to the extent not used to meet child care costs. Child care expenses met by these child care allowances are not allowable costs for child care.~~

~~4. Basic health insurance policies, child care services, auxiliary aid and services to individuals with disabilities, and the national service educational awards are treated as in-kind benefits.~~

1830.1000 DIVIDENDS AND INTEREST (MFAM)

Dividends and interest from investments such as stocks, bonds, insurance, annuities, royalties and savings are included ~~excluded~~ as unearned income. ~~Insurance cash coupons that accrue under an insurance policy will be taken into consideration when determining the asset value of the policy and are not considered income.~~

~~1830.1006 Mortgages (MFAM)~~

~~The interest portion of the payment on a mortgage is excluded as unearned income. The principal portion on the outstanding balance of the mortgage is considered an asset.~~

~~1830.1012 Interest in Individual Development Accounts (MFAM)~~

~~Individual Development Accounts (IDAs) are dedicated savings accounts that can be used by eligible participants for purchasing a first home, paying for post-secondary education, or capitalizing a business. These IDAs are comprised of participant's savings from earned income and may be matched by funds controlled by the Regional Workforce Board.~~

~~Funds in an Individual Development Account, including interest accruing in such accounts, shall be disregarded in determining eligibility in Medicaid.~~

1830.1100 REIMBURSEMENTS (MFAM)

Reimbursements for past or future expenses are excluded if they do not exceed actual expenses and do not represent a gain or benefit. To be excluded, these payments must be specifically intended and used for expenses other than normal living expenses.

~~Any part of the reimbursement amount that exceeds the actual expense is included as income. However, reimbursements are not considered to exceed actual expenses, unless the amount is excessive.~~

~~Reimbursements for normal household living expenses such as rent or mortgage, personal clothing, or food eaten at home are a gain or benefit and, therefore, are included as income.~~

The following types of reimbursement are excluded as income:

1. Reimbursement from the Uniform Relocation Assistance and Real Property Acquisition Policy Act.
2. Reimbursements or flat allowances from the employer that are over and above the basic wages and used for job related expenses such as travel, per diem, uniforms, and transportation to and from the job training site.
3. Reimbursements for out-of-pocket expenses incurred by volunteers in the course of their work.
4. Medical reimbursements from Workers' Compensation benefits specifically designated for medical expenses.
5. Reimbursements by Employment and Training Programs.

STUDENT LOANS, GRANTS, AND EDUCATIONAL SCHOLARSHIPS, FELLOWSHIPS AND GRANTS (MFAM)

Scholarships, fellowships and grants are excluded income if the recipient is a degree candidate at an eligible educational institution to the extent it does not exceed qualified educational expenses. Qualified educational expenses include tuition and fees, course related expenses such as fees, books, supplies and equipment if required. The costs of room and board, travel, teaching or research are not qualified educational expenses.

~~All Title IV and Non-Title IV income a student receives from scholarships, educational grants, gifts, loans and work study are excluded as income. This includes federal Perkins loans authorized under Title IV and Bureau of Indian Affairs Programs and loans. These sources generally apply to students attending a college or other institution of higher education beyond the high school level.~~

~~1830.1206 Verification of Educational Income (MFAM)~~

~~All student income from educational grants, gifts, scholarships, and loans must be verified if questionable. Case record documentation must include the name of the educational institution and the amounts of any grants, gifts, scholarships and loans.~~

~~The eligibility specialist may obtain this information by phoning the school or loan office or the grantor of the educational income. The eligibility specialist must~~

~~record the name, position, and phone number of the person providing the information.~~
~~A written agreement with the lending institution or grantor of the educational income that contains the necessary dates and that is signed by the individual will also serve as documentation.~~

1830.1300 INCOME FROM OTHER SOURCES (MFAM)

~~This section presents the application of policy for other sources of income.~~

1830.1301 Loans (MFAM)

All loans, including loans and mortgages from private individuals as well as commercial institutions are excluded income. ~~if there is intent to repay.~~

~~When the eligibility specialist questions that a valid loan exists, the individual must verify the existence of the loan from the source. A signed statement from the loan provider that confirms that repayments are being made or will be made in accordance with an established payment schedule is sufficient.~~

When an individual is the **borrower**, proceeds of a loan received are excluded as income.~~:~~

> ~~Proceeds of a valid loan received by the borrower are not income in the month of receipt. If the loan is determined not to be valid, the proceeds are considered income in the month received. The amount remaining from the loan in the month following receipt is considered as an asset to the borrower.~~

When an individual is the **lender** the interest portion of the payment received is included and the principal portion of the payment received is excluded as income.~~:~~

> ~~If the loan is determined to be valid and negotiable, the loan is a countable asset; only the interest portion of the payment received is excluded as income to the lender. The principal portion of the payment is conversion of an asset, not income. If the loan is determined to be not valid and not negotiable the loan is not a countable asset, the entire payment received (principal and interest) is counted as income.~~

~~**1830.1302 Contributions (MFAM)**~~

~~All direct money payments from any source that represent gain or benefit to the individual are included as unearned income.~~

~~A contribution is cash received by any member of the standard filing unit. A contribution may be received on a one-time basis or on regular or irregular intervals.~~

~~An allowance is considered a contribution when paid to an individual by a person outside the individual's standard filing unit. This would apply to money from a non-legal father when there is a legal father.~~

~~The individual must provide verification of the amount received as a gift or contribution. When written verification is unavailable, documentation must include the following information:~~

~~1. date oral verification received,~~
~~2. source of verification,~~
~~3. source of funds,~~
~~4. date made, and~~
~~5. the amount.~~

~~Standard verbal verification policy applies. If the individual is unable to obtain verification, discuss with the individual. The eligibility specialist should then use the best information available and record this in CLRC.~~

1830.1303 Trusts (MFAM)

Monies that are withdrawn from a trust fund by the assistance group are to be considered income in the month of receipt. ~~The withdrawal is considered income to the assistance group without regard to whether the trust account is considered an available or an unavailable asset.~~ Dividends and or interest from the trust, which the assistance group has the option to receive or reinvest in the trust, are included ~~excluded~~ as income.

~~1830.1304 Gifts (MFAM)~~

~~A gift may be excluded if it is infrequent or irregular. To be a gift, an item must meet the following requirements:~~

~~1. must be given irrevocably;~~
~~2. must not be compensation or return for services or other consideration; and~~
~~3. must be given without legal obligation on the part of the donor.~~

1830.1305 Prizes and Awards (MFAM)

Cash prizes and cash awards are included as income. ~~unless they can be excluded as infrequent or irregular.~~

An award is generally something of value received as a result of a decision or judgment of a court, board of arbitration, or similar action. Awards are almost always cash or its equivalent.

~~If a prize or award is not substantial, then the eligibility specialist must consider whether it may be excluded from income as infrequent/irregular income.~~

1830.1400 LUMP SUM PAYMENTS (MFAM)

Lump sum payments are received as non-recurring amounts of money and include but are not limited to: income tax returns, rebates or credits, retroactive payments from Social Security, ~~SSI,~~ earned income tax credit, child tax credits, public assistance, railroad retirement benefits, insurance settlements, refunds of security deposits on rental property and utilities. These payments are counted as income in the month received.

2010.0201 Categorically Eligible Assistance Groups (FS)

A categorically eligible assistance group is one in which all members are receiving or are authorized to receive Temporary Cash Assistance or Supplemental Security Income (SSI) benefits or a combination of Temporary Cash Assistance and SSI. A broad-based categorically eligible standard filing unit (SFU) is one that receives information about Temporary Assistance for Needy Families or Maintenance of Effort funded services or benefits on an ACCESS Florida notice and does not contain a disqualified member. An individual is considered a recipient of Temporary Cash Assistance or SSI if the benefits have been authorized but not received, if the benefits are suspended or recouped, or if the benefits are not paid because they are less than a minimum amount.

Families that are receiving or are authorized to receive services through Healthy Families Florida are considered categorically eligible.

The assistance group cannot be considered categorically eligible for months in which an individual opts not to receive Temporary Cash Assistance, months that a SFU contains an ineligible or disqualified member or receives medical assistance only.

Individuals who are categorically eligible for food stamps are considered to have met gross and net income limits, asset limits, SSN requirements, and residency without further verification, unless questionable.

Broad-based categorically eligible SFUs must meet the 200% gross income limits. If the SFU contains a member who is age 60 or over or meets the definition of food stamp disabled, the SFU must meet the gross income limit of 200% of the federal poverty level for the AG size. If the SFU does not meet the

200% of the federal poverty income limit, the SFU must meet the net income limit of 100% of the federal poverty level for the AG size and the asset limit of $3250.

2030.0000 Family-Related Medicaid

Family-Related Medicaid has several coverage groups, which will be discussed in detail in this chapter. ~~Please refer to the FLORIDA desk guide for category codes.~~

2030.0100 FAMILY-RELATED MEDICAID (MFAM)

A coverage group is selected based on the individual for whom assistance is requested and individuals in the filing group. ~~The individual may decide whom to include in the assistance group. This option is available for all coverage groups except for the group who is TCA eligible, opts not to receive cash benefits or the under $10 cases.~~

2030.0200 CATEGORICAL AND MEDICALLY NEEDY COVERAGE GROUPS (MFAM)

The following are the Medicaid coverage groups ~~is available~~:

1. Parents and other caretaker relatives
2. Pregnant women
3. Infants and children
4. Children Ages 18-21
5. Emergency Medicaid Assistance to Noncitizens
6. Individuals that aged out of Foster Care up to age 26

~~1. 1931 Medicaid,~~
~~2. Transitional and Extended Medicaid,~~
~~3. Coverage for pregnant women,~~
~~4. Coverage for children and infants, and~~
~~5. Non-pregnant adults/children.~~

2030.0201 Parents and Other Caretaker Relatives ~~1931 Medicaid~~ (MFAM)

Parents (including step-parents), caretaker relatives, and spouses living together may receive Medicaid coverage when household income is equal to or below the appropriate income limit.

~~**1931 Medicaid eligibility is determined by section 1931 of the Social Security Act. This These coverage group groups is are most closely related to the TCA groups. Assistance groups can choose to receive 1931 Medicaid, whether or not they receive cash assistance. This includes some two-parent families. Medicaid rules apply, unless the group receives cash benefits**~~

2030.0202 Extended Medicaid (MFAM)

Medicaid must be extended for up to four months if the conditions below are met:

3. The parents and other caretaker relatives and their dependent children become ineligible for Medicaid due solely or in part to the receipt of, or increase in, spousal support for an individual whose needs are included in the assistance group.

4. The parents and other caretaker relatives assistance group was eligible for and received Medicaid as a parent or other caretaker relative in at least three of the six months preceding the month of ineligibility. The three months can include months in which Medicaid was received in another state.

5. Only those members included in the benefit computation for the month prior to cancellation are entitled to extended Medicaid.

2030.0203 Transitional Coverage (MFAM)

Transitional coverage provides extended coverage for up to 12 months, beginning with the month of ineligibility. Changes during this period, other than the child turning 18 or loss of state residence, do not affect the transitional Medicail period. An ex parte determination must be completed prior to cancellation and a notice sent when the parents and other caretaker relatives and/or children included in the assistance group becomes ineligible due to the following reasons:

1. initial receipt of earned income of the parent or caretaker relative, or
2. receipt of increased earned income of the parent or caretaker relative.

Conditions that must be met:

1. The parents and other caretaker relatives assistance group must be ineligible for Medicaid as parents and other caretaker relatives based on initial receipt of earned income or receipt of increased earned income by the parent or caretaker relative. If more than one budget change is being acted on at the

same time, a test budget(s) will be necessary to determine if the change in earned income is the sole cause of ineligibility.

2. At least one member of the assistance group was eligible for and received Medicaid in at least three of the preceding six months. The three months can include one month in which Medicaid was received in another state, or a retroactive month. All SFU members are eligible, even if they were not a part of the original assistance group.

2030.0204 Verification of Initial Earnings (MFAM)

Information regarding the date of initial receipt of earnings or the increased earnings must be obtained in order to establish the 12-month period. The recipient's statement of earnings and the begin date is acceptable.

~~**2030.0202 Ineligible Due to Deemed Income (MFAM)**~~

~~Income is not deemed from the stepparent or grandparent in determining Medicaid eligibility for children. Children may be eligible for Medicaid, even if the parent is not. Explore eligibility for the parent under other categories, including Medically Needy.~~

~~**2030.0203 Ineligible Due to Sibling Income (MFAM)**~~

~~If SFU income makes the case ineligible for Medicaid because of sibling income, exclude the sibling(s) with income. When more than one sibling has income, complete a Medicaid budget for the parent and sibling with no income by excluding siblings with income from the SFU. If the standard filing unit's income is below the payment standard, approve the parent and sibling under this coverage group.~~

~~If the standard filing unit's income is above the payment standard, determine eligibility under MEDS or Medically Needy. Determine Medicaid eligibility for sibling(s) with income through MEDS or Medically Needy by completing a budget including that sibling, the parent, and any sibling with no income.~~

~~**Note:** A sibling with income may be included in the SFU if it is to the advantage of the parent and other sibling.~~

~~**2030.0204 Ineligible Due to TCA Transfer of Assets (MFAM)**~~

~~Members of an assistance group determined ineligible for TCA due to transfer of assets continue to be Medicaid eligible, provided all other eligibility criteria are met.~~

2030.0205 Ineligible Due to Nonparticipation in Work Activities (MFAM)

A TCA eligible individual who is required to participate in work activities but refuses to participate without good cause is eligible to receive Medicaid.

2030.0206 Ineligible Due to Two-parent Cash SFU Policy (MFAM)

If the two-parent SFU countable net income exceeds the 1931 income limit, a separate Medicaid filing unit will be established for the nonmutual child(ren) and their parent. If the countable net income of this SFU (is less than the 1931 income limit, the nonmutual child(ren) and their parent are potentially eligible for 1931 Medicaid.

2030.0300 EXTENDED/TRANSITIONAL MEDICAID (MFAM)

Transitional Medicaid is Medicaid that is extended for up to 12 months for earnings related reasons. Extended Medicaid is Medicaid that is extended for up to four months due to receipt of or increase in child support or alimony payments.

2030.0301 Transitional Medicaid (MFAM)

Transitional Medicaid provides 1931 Medicaid coverage groups must be extended coverage for up to 12 months, beginning with the month of ineligibility for Low-Income Families 1931 Medicaid, when the assistance group becomes ineligible due to the following reasons:

1. initial receipt of earned income of the parent or caretaker relative, or
2. receipt of increased earned income of the parent or caretaker relative.

2030.0302 Conditions That Must Be Met (MFAM)

The following conditions must be met for the Low-Income Families assistance group family to be eligible for the 12 months of transitional Medicaid:

1. The Low-Income Families 1931 Medicaid assistance group must be ineligible based on initial receipt of earned income by the parent or caretaker relative or receipt of increased earned income by the parent or caretaker relative. If more than one budget change is being acted on at the same time, a test budget(s) will be necessary to determine if the change in earned income is the sole cause of ineligibility. (Refer to Chapter 2630). It does not matter when the 1931 Medicaid actually stops.

2. At least one member of the assistance group was eligible for and received Low-Income Families 1931 Medicaid in at least three of the preceding six months. The three months can include one month in which Low-Income Families Medicaid was received in another state, or a retroactive month. All SFU members are eligible, even if they were not a part of the original

assistance 1931 group. For example: a CSE sanctioned parent or a parent who moves into the home with income.

3. The assistance group must contain an eligible child under age 18 or under age 19 and a full-time student.

2030.0303 Changes in the 12 Months (MFAM)

Changes during the 12 months of transitional Medicaid, other than the child turning 18 or 19 or loss of state residence, do not affect the transitional Medicaid benefit period. Ten-day advance notice is not required; however, notice must be sent prior to the effective date of cancellation and an ex parte determination must be completed.

2030.0304 Verification of Initial Earnings (MFAM)

Information regarding the date of initial receipt of earnings or the increased earnings must be obtained in order to establish the 12-month period. The recipient's statement self-declaration of earnings and the begin date is acceptable.

2030.0313 Eligibility Review Requirements (MFAM)

An ex parte review will be done at the end of the transitional Medicaid period. The review must be completed to determine eligibility for other coverage groups.

2030.0314 Four Months Extended Medicaid Due to Spousal Child Support (MFAM)

Medicaid must be extended for up to four months due to receipt of or increase in spousal support if the conditions below are met: Medicaid coverage must be extended for up to four months beginning with the first month of ineligibility for 1931 Medicaid, if the conditions below are met:

1. The Low-Income Families 1931 Medicaid assistance group becomes ineligible due solely or in part to the receipt of, or increase in, spousal state-collected child support for an individual whose needs are included in the assistance group.

2. The Low-Income Families 1931 Medicaid assistance group was eligible for and received Medicaid in at least three of the six months preceding the month of ineligibility. The three months can include months in which Medicaid was received in another state.

3. Only those members included in the benefit computation for the month prior to cancellation are entitled to extended Medicaid.

4. Eligibility reviews are not required for this extended Medicaid group. The group remains eligible for the four months regardless of any changes in the circumstances of the assistance group.
5. An ex parte determination must be completed in the fourth month to determine if coverage under another group exists. An eligibility review must be done if one has not been done within the past 12 months.

6. If loss of income from child support is reported at any point during the four months of extended Medicaid, an ex parte review must be completed.

2030.0400 CONTINUOUS MEDICAID ELIGIBILITY (MFAM)

After Medicaid eligibility has been established, children who become ineligible for Medicaid for any reason may remain on Medicaid for up to twelve months from the last application, eligibility review or addition to Medicaid coverage. Children up to age 5 receive a minimum of twelve months continuous coverage. Children age five up to 19 receive a minimum of six months of continuous Medicaid coverage.

If it is later discovered that the child was not eligible at the point eligibility was determined, continuous Medicaid does not apply. An ex parte review must be completed to explore eligibility in other categories.

Note: A child determined eligible for Medicaid any day prior to turning age five continues to receive Medicaid for twelve months without redetermination or verification of eligibility.

Months of Medicaid received since the most recent application or eligibility review count toward the six or twelve months of continuous Medicaid eligibility. Count the first month of eligibility as month one if the last action is an application. If the last action is an eligibility review, count as month one the month following the date the eligibility review was completed. Retroactive Medicaid does not count as a month of continuous Medicaid coverage.

2030.0500 INSTITUTIONAL CARE COVERAGE (MFAM)

Occasionally an individual who is Medicaid eligible under Family-Related Medicaid may need nursing home care. Medicaid can be authorized by the eligibility specialist through a Family-Related Medicaid coverage group rather than through the Institutional Care Program (ICP). The individual must first be determined to continue to be TCA eligible or to be initially TCA eligible. An eligibility review is unnecessary if the case is active.

~~The individual must also meet the provisions of temporary absence from the home as given in Chapter 1430. After continued or initial TCA eligibility is determined, the individual must meet the Title XIX criteria for institutional care and authorize Medicaid if eligible. The child, parent, or relative's needs, income, and assets must continue to be included in the TCA/1931 Medicaid standard filing unit (SFU).~~

~~If it is determined that the individual does not meet the temporary absence criteria eligibility must be determined under ICP. If the individual is eligible for ICP, the needs, income, and assets of the individual would then be removed from the TCA SFU.~~

HOSPICE SERVICES COVERAGE (MFAM) PRESUMPTIVE ELIGIBILITY COVERAGE (MFAM)

Presumptive eligibility is a determination of eligibility made by a Qualified Hospital based on the applicant's verbal statements about the SFU's income. The income must be equal to or below the income limit. Citizenship status is not a factor of eligibility for this coverage group.

The following are presumptive eligibility coverage groups:

1. parents and other caretaker relatives
2. pregnant women
3. infants and children under age 19
4. individuals that aged out of Foster Care up to age 26

This is temporary coverage that begins with the date the presumptive eligibility determination is completed by the Qualified Hospital (QH) and ends on the date of the Medicaid determination if an application for regular Medicaid is filed by the last day of the month after the presumptive eligibility determination. If an application for regular Medicaid is not filed by then, presumptive eligibility ends on the last day of the month after the presumptive eligibility determination. Only one presumptive period per 12 months is allowed. For the individual to receive coverage beyond the presumptive period, a regular Medicaid application is necessary and the QH is expected to assist with this application process.

~~Occasionally an individual who is eligible for or receiving Family-Related Medicaid will elect Hospice services. All individuals who are Medicaid eligible under one of the Family-Related Medicaid coverage groups are entitled to Hospice care services provided they also meet the Hospice care Title XIX (Medicaid) eligibility requirements.~~

~~These requirements are described below:~~

~~1. The individual must have a medical prognosis as terminally ill, which is defined as a medical prognosis of life expectancy of six months or less, if the illness runs its normal course. The certification of the individual's terminal illness shall be based on the physician's or Hospice medical director's judgment regarding the normal course of the individual's illness. This certification also satisfies the disability determination eligibility requirement.~~

~~2. An individual or the individual's representative elects Hospice care services by signing and filing an election statement with the Hospice. The referral form is initiated by the Hospice from which the individual has elected to receive Hospice care. The individual or representative designates the effective date of election of Hospice care.~~

2030.0700 COVERAGE FOR PREGNANT WOMEN (MFAM)

Medical assistance for the pregnant woman ~~is available under several different~~ will be under one coverage group~~s~~. The coverage group under which the pregnant woman receives benefits is determined by the household composition and income.

The following are coverage groups for pregnant women who:

1. have SFU income under the income limit and may have no other children 185% of the FPL (no asset test),
2. are Medically Needy,
3. are presumptively eligible.

~~1. have no other children and SFU income and assets under the TCA payment standard,~~
~~2. receive TCA and/or 1931 Medicaid with existing children,~~
~~3. have SFU income under 185% of the FPL (no asset test),~~
~~4. are Medically Needy, Medicaid eligible except for income/assets,~~
~~5. are presumptively eligible pregnant women (PEPW).~~

A pregnant woman who is eligible for regular Medicaid for at least one month, including a retroactive month, is eligible to receive Medicaid through her pregnancy and until the end of the second month after the birth (postpartum period), regardless of any changes except for Medically Needy, Presumptive Eligibility for Pregnant Women and Emergency Medicaid for Aliens.

~~2030.0701 Postpartum Coverage (MFAM)~~

~~All pregnant women who are receiving, or have applied for, Medicaid prior to the end of the pregnancy (that includes delivery, miscarriage, and abortion) and who are determined eligible for the month the pregnancy ends will receive two months~~

~~of postpartum Medicaid coverage regardless of any change in the family situation, income, or assets.~~

~~**Exceptions:** Presumptively eligible pregnant women (PEPW) and Emergency Medicaid for Aliens (EMA).~~

~~An ex parte determination must be completed in the last month of the two-month period. The recipient must be notified of any changes in Medicaid status following the ex parte determination.~~

2030.0702 Pregnancy Verification (MFAM)

Self attestation of pregnancy, the anticipated due date, and the number of unborns (if multiple births are expected) is acceptable.

~~Pregnancy must be verified if the pregnant woman gains her eligibility from the unborn; or multiple births are anticipated. Acceptable verification is a verbal or written statement from a physician, registered nurse, licensed practical nurse, nurse practitioner, or certified nurse midwife. The statement should include: confirmation of pregnancy, whether she was pregnant for the month of application, the anticipated date of delivery and the anticipated number of births if more than one child is expected.~~

~~For retroactive Medicaid, proof of the delivery or termination of pregnancy is acceptable when verification indicates the woman was pregnant in that month(s).~~

~~If the pregnant woman is Medicaid eligible without regard to pregnancy, verification is not required. However, a statement from the woman of the anticipated due date shall be requested for the anticipated birth month.~~

~~2030.0703 Protected Eligibility Option (MFAM)~~

~~A pregnant woman who is eligible for Medicaid for at least one month, which may be a retroactive month, under any categorical coverage group is entitled to receive Medicaid through her pregnancy and postpartum period. This is true regardless of any changes in the standard filing unit or income. If the standard filing unit income exceeds the applicable poverty level, she is placed under the protected pregnant woman coverage group.~~

~~**Exceptions:** Medically Needy, PEPW, and Emergency Medicaid for Aliens (EMA)~~

~~**Note:** If a pregnant woman's case was closed because the Department was unaware of the pregnancy and she reapplies, a determination must be made whether she would have been eligible for the protected eligibility option. If so,~~

~~coverage must be authorized within a year of closure. Verification of pregnancy is required.~~

2030.0704 Presumptively Eligible Pregnant Women (MFAM)

Presumptive eligibility is a ~~reasonable~~ determination of eligibility made by a designated provider based on the applicant's verbal statements about the SFU's income. The income must be equal to or below the income limit ~~185% of the federal poverty level~~. ~~There is no asset limit and C~~citizenship status is not a factor of eligibility for this coverage group. ~~The qualified designated provider (QDP) will refer the presumptively eligible pregnant woman to the local DCF office after opening the PEPW case for a determination of Medicaid eligibility.~~

This is temporary coverage that begins with the date the presumptive eligibility determination is completed by the Qualified Designated Provider (QDP) and ~~extends an additional two months, during which DCF makes a determination of eligibility for regular Medicaid~~ ends on the date of the Medicaid determination if an application for full Medicaid is filed by the last day of the month after the presumptive eligibility determination. If an application for full Medicaid is not filed by then, presumptive eligibility ends on the last day of the month after the presumptive eligibility determination. Only one presumptive period per pregnancy is allowed and these benefits cover only ambulatory prenatal services ~~provided by a Medicaid provider~~. It does not cover inpatient hospital services or delivery. For the pregnant woman to get coverage beyond the presumptive period, a full Medicaid application is necessary and the QDP is expected to assist with this application process.

~~**Note:** Eligibility specialists are not to determine presumptive eligibility for pregnant women.~~

2030.0800 CHILDREN 18 to 21 YEARS OLD (MFAM)

~~When a child who is included in a 1931 Medicaid group reaches age 18, the child's needs, assets and income must be removed effective the month following the birthday unless born on the first day of the month, in which case the child is removed effective the birth month. An ex parte determination must be done to determine continued eligibility. There is no need to contact the individual as long as sufficient information exists. All 18 to 21 year olds in the home are included in the coverage group.~~

~~To determine eligibility of the 18 to 21 year old(s), a prospective budget must be completed. Follow the appropriate Medicaid standard filing unit guidelines. The SFU income must be below the payment standard. The $200 and 1/2 disregards must be applied to the income of both the 18 to 21 year old(s) and the parent, if otherwise eligible for the disregards.~~

~~Countable assets must not exceed $2,000.~~

~~2030.0801 Children under 21 in an Intact Family (MFAM)~~

~~A child under age 21 who lives with both parents may be eligible for Medicaid under this category. The child must meet the 1931 Medicaid eligibility requirements with the exception of being deprived. The standard filing unit's net income cannot exceed the payment standard for the number of persons in the standard filing unit. Countable assets must not exceed $2,000. The parent's statement of the child's age is sufficient proof of age unless questionable.~~

~~An anticipated change must be scheduled to remove the child from Medicaid at age 21, unless the individual is eligible under another Medicaid category. The child is Medicaid eligible for the entire month of their 21st birthday, unless the child was born on the first day of the month, in which case eligibility for Medicaid terminates on the first day of the child's birth month.~~

~~2030.0802 Children under Age 19 (MFAM)~~

~~The child may live with a parent(s) or relative, or a nonrelative. The income limit for children under age one is 200% of the FPL. For children age one-five, the income limit is 133% of the FPL. Children ages six-19, must have family income less than or equal to 100% of the FPL.~~

~~There is no asset limit for these children.~~

~~2030.0802.01 Termination of Benefits (MFAM)~~

~~The child's eligibility under these coverage groups continues through the month of his nineteenth birthday unless the child was born on the first of the month. In the latter case, eligibility ceases effective the birth month. In the last month of eligibility, an ex parte determination must be completed to determine eligibility under other Medicaid coverage groups.~~

~~Exception:~~ ~~If the child is hospitalized the day Medicaid coverage is scheduled to end and the child has not yet exhausted all inpatient days, the child will remain eligible under MEDS through the month of discharge from the hospital. If doctor visits occur after the hospitalization has ended as part of the follow up, additional months of Medicaid coverage may need to be authorized.~~

~~2030.0802.02 Child under Age 19 Living with a Nonrelative (MFAM)~~

~~A child under age 19 who lives with an unrelated adult or a relative who is outside the degree of relationship for Medicaid may be eligible for Medicaid under this coverage group. The child is the only eligible member of this group. The child's income must be under the TCA payment standard and assets cannot exceed $2,000.~~

~~The child may actually live in any of a variety of residential settings, such as an orphanage, foster home, other group home, or a private home, that is not state funded. A child placed with potential adoptive parents will be treated the same as any other case, that is, the adoptive parents must be considered nonrelatives in order for the child to qualify under this coverage group.~~

2030.0900 PRESUMPTIVELY ELIGIBLE NEWBORNS CHILDREN'S COVERAGE GROUPS (MFAM)

The following sections describe coverage groups available for children up to age 21.
A child is Medicaid eligible for the entire month of their birthday, unless the child was born on the first day of the month, in which case eligibility for Medicaid terminates on the first day of the child's birth month.

Exception: If the child is hospitalized the day Medicaid coverage is scheduled to end and the child has not yet exhausted all inpatient days, the child will remain eligible through the month of discharge from the hospital. If doctor visits occur after the hospitalization has ended as part of the follow up, additional months of Medicaid coverage may need to be authorized.

2030.0901 InfantsNFANTS UnderNDER AgeGE OneNE PRESUMPTIVELY ELIGIBLE NEWBORNS (MFAM)

A newborn is presumed eligible for Medicaid through the birth month of the following year when born to a mother eligible for Medicaid on the date of the child's birth, including a mother on Emergency Medicaid for Aliens. The child remains eligible for Presumptively Eligible ~~Eligibility for~~ Newborn (PEN) coverage as long as the child remains a resident of Florida or until the child's death. If the child was born on the first of the month, PEN eligibility ceases effective the birth month. All newborns are considered to be living with the mother the month of birth.

Eligibility for PEN does not apply to a child born to a parent receiving Presumptively Eligible Pregnant Woman (PEPW) coverage only. If a PEPW woman is later determined eligible for regular Medicaid for the month of delivery, the child will be PEN eligible.

If the mother is Medically Needy and meets her share of cost on or before the date of birth, the child is eligible for presumptive coverage.

Notification of birth may be received from the Medicaid provider or from the parent(s). All PENs must be added to Medicaid within five days of notification of their birth. No application or face-to-face interview is required for PEN coverage.

A Medicaid notice of case action must be sent with the newborn's Medicaid number to the parent stating the following information: "Medicaid is being authorized for up to one year from the date of the child's birth". This will serve as the 10-day advance notice unless the case is canceled prior to the end of one year.

~~An ex parte determination must be completed prior to the end of the child's presumptive eligibility.~~ No verification of U.S. citizenship or identity will be needed for these children, even after the presumptive period ends.

2030.0902 ChildrenHILDREN UnderNDER AgeGE 21 19 (MFAM)

When a child who meets the technical criteria for residency, age, identity and citizenship/noncitizen and the tax household's income is at or below the income limit for the coverage group, the child is eligible for Medicaid. If the income is higher than the income limit, the child may be eligible for the Children's Health Insurance Program (Kidcare) or the Federally Facilitated Marketplace.

2030.0903 Children Age 19 to 21 (MFAM)

When a child age 19 to 21 who meets the technical criteria for residency, age, identity and citizenship/noncitizen and the tax household's income is at or below the same income limit as parents and caretakers, the child is eligible for Medicaid. If the income is higher than the income limit, the child may be enrolled in Medically Needy and/or obtain coverage through the FFM.

2030.1000 NON-PREGNANT ADULT AND CHILDREN (MFAM)

~~Parents, caretaker relatives, and their children under age 18 may receive 1931 Medicaid coverage when household income is equal to or below the payment standard and the $2000 asset limit. For two-parent families, at least one child must be a mutual child, who cannot be an unborn child.~~

~~When a child receiving benefits under any 1931 Medicaid Program turns 18, the child is no longer eligible for Medicaid through this coverage group. Eligibility continues through the month the child turns 18, unless the birthday is the first day of the month. In the latter case, eligibility ceases effective the birth month. Eligibility under another coverage group must be explored. When the last child in the home turns 18, neither the parent(s), caretaker relative nor the child continue to be eligible for benefits under this coverage group.~~

2030.1100 EMA TO INELIGIBLE NONCITIZENS (MFAM)

To be eligible for Emergency Medicaid Assistance (EMA) benefits, the noncitizen must meet all technical (including residency) and financial requirements for a Medicaid coverage group, except: citizenship, child support enforcement cooperation, and Social Security number requirement ~~welfare enumeration (SSN)~~.

2030.1100.01 Coverage of Emergency Only (MFAM)

Medicaid benefits ~~may~~ will only be authorized to cover the emergency medical situation ~~only~~. An emergency medical condition is a medical condition of sufficient severity (including severe pain) that could result in placing the individual's health in serious jeopardy. This includes emergency labor and delivery. Accept the medical provider's statement regarding the emergency and dates of service.

A medical provider or Utilization Review Committee (URC) will determine if an emergency medical condition exists. The URC is a group affiliated with a hospital which determines an individual's need for emergency treatment. The provider or URC will also determine the length of time the emergency situation is expected to exist.

An applicant may receive retroactive Medicaid ~~(RMAO)~~ and posthumous Medicaid for a deceased individual under the EMA coverage group if eligible.

2030.1100.02 Exceptions to Medicaid Policy and Procedures (MFAM)

The following Medicaid exceptions to policy and procedures apply to Emergency Medicaid Assistance ~~the EMA only~~:

1. An ex parte determination is not required. Ten days advance notice of termination is not required.
2. Dates of eligibility ~~entitlement~~ will be for the time period of the emergency only.
3. There is no postpartum coverage for pregnant women.

2030.1200 INDIVIDUALS AGED OUT OF FOSTER CARE (MFAM)

Individual may continue to receive Medicaid up to age 26 if they were in foster care and receiving Medicaid when they aged out of foster care in Florida. There is no income limit for eligibility.

2030.1300 BREAST AND CERVICAL CANCER TREATMENT PROGRAM (MFAM)

A special Medicaid Program is available for women needing treatment for breast and cervical cancer.

To be eligible, a woman must:

1. be screened and diagnosed for breast or cervical cancer by the Department of Health (DOH) under the Center for Disease Control (CDC) Screening Program in Florida,
2. need treatment for the disease,
3. be uninsured or have health coverage that does not cover the necessary treatment,
4. not be eligible under a Medicaid group (excluding Medically Needy),
5. be under age 65, and
6. be a citizen or qualified noncitizen.

   Exception: Apply EMA policy for noncitizens who meet all technical requirements, except citizenship.

Complete an ex parte when a woman becomes ineligible, unless she moves out of state or dies.

Refer women who do not meet the above qualifications to the toll-free DOH information line at 800-451-2229.

2030.1400 MEDICALLY NEEDY COVERAGE (MFAM)

The Medical Needy Program coverage is for individuals who meet the technical requirements of the above coverage groups but whose income exceeds the income limit. If the household's income is greater than the income limit, the exceeding amount is determined as the share of cost. The individual is enrolled but is not eligible until the share of cost is met. Medically Needy provides month-to-month coverage when individuals have incurred medical bills that meet their share of cost.

2210.0316 Residents of Institutions (FS)

Most residents of institutions are not eligible for food stamps. Individuals are residents of an institution when the institution provides them with the majority of their meals (fifty percent of three meals a day) as part of the institution's normal services and the institution has not been authorized to accept Electronic Benefits Transfer (EBT) access. In a few cases, some individuals living in institutions are eligible to be a food stamp SFU. The following are eligible as a food stamp SFU:

1. residents of federally subsidized housing for the elderly, built under Section 222 of the Housing Act of 1959;

2. narcotic addicts or alcoholics and their children who live with them at a facility or treatment center for the purpose of participation in a drug or alcoholic treatment and rehabilitation program unless the individual of any age is under detention or custody of a Federal, State, or local penal, correctional, or other detention facility or institution for more than 30 days;

   Note: The requirement that 50% of the child's meals are provided by the institution in order to be considered eligible in a public institution does not apply to families and children in which the parent is a resident of a drug and/or alcohol treatment center.

3. disabled or blind individuals who are residents of private nonprofit group living arrangements that serve no more than 16 residents. These individuals are residents of the facility based on their disability, not their age, and receive benefits under Title II or XVI of the Social Security Act;

4. individuals or individuals with children temporarily residing in a shelter for battered persons may be considered as a separate SFU; and

5. residents of public or private nonprofit shelters for homeless persons.

2210.0317.01 Residents of Drug and Alcohol Treatment Facilities (FS)

Narcotic addicts or alcoholics who regularly participate in publicly operated or private nonprofit drug or alcoholic treatment and rehabilitation programs on a resident basis may voluntarily apply for food stamps. Residents who are receiving non-residential outpatient drug or alcohol treatment and rehabilitation services do not qualify under this provision. Residents have the same rights to notices of adverse action, fair hearings, and entitlement to lost benefits, as do all other food stamp recipients. In addition, they have the right to an application and same day filing.

Residents of drug and alcohol treatment facilities are certified using the same provisions that apply to all other applicant households, except that they must apply through the facility's authorized representative. The interview, verification and other application procedures must be accomplished through the authorized representative.

Residents of drug and alcohol treatment facilities and their children, who live in the treatment center with them, will have their eligibility determined as one assistance group.

Individuals of any age who are prisoners, inmates, detainees, or convicts placed under detention or custody of a Federal, State, or local penal, correctional, or other detention facility or institution for more than 30 days are not eligible for food

stamp benefits even if they are participating in a drug or alcohol treatment and rehabilitation program on a resident basis.

2230.0000 Family-Related Medicaid

The program specific sections will discuss policy on ~~mandatory and optional~~ members of the SFU, whose needs must ~~(or may)~~ be included ~~or excluded,~~ and whose income ~~and assets~~ must be included or excluded based on Modified Adjusted Gross Income (MAGI) policy~~, and participation status codes used in FLORIDA~~. The individual's statement as to the members of the SFU is accepted.

~~The Standard Filing Unit (SFU) is the single individual or group of individuals whose income, assets, or needs are considered in the eligibility determination and benefit, income, and asset levels of the assistance group, because they share a legal or blood relationship and/or live together. Eligibility of the assistance group is based on a review of the total income and assets of all individuals in the SFU.~~

2230.0200 ASSISTANCE GROUPS (MFAM)

The assistance group is the individual~~(s)~~ for whom Medicaid eligibility is being determined ~~who meets the financial and technical eligibility requirements of the program for which they are applying.~~ An assistance group member will always be an SFU member; however, an SFU member is not always a member of the assistance group. Eligibility of the assistance group is based on a review of the total income of all counted individuals in the SFU. Assistance groups will consist of only one eligible individual.

2230.0400 STANDARD FILING UNIT (MFAM)

For tax filers, the Standard Filing Unit (SFU) is the tax filing group for the tax year in which eligibility is being determined. Eligibility is determined by each individual using the tax filing group's income. Individuals cannot receive Medicaid benefits under more than one coverage group, but can have their income included in more than one SFU. ~~Within the same household there may be individuals with children on Medicaid, children on Children's Health Insurance Program and parents receiving tax credits through the Health Insurance Exchange.~~

~~To receive assistance, the individuals must be determined to be in need. An individual in need is one whose assets are limited to a federally mandated amount and whose income is insufficient to meet the individual's needs. "Need" is defined by the Florida Legislature as the Consolidated Need Standard.~~

For individuals who neither file a federal tax return nor are claimed as a tax dependent (non-filers), the Standard Filing Unit consists of the individual and, if living with the individual, their spouse, their natural, adopted, and step children under age 19, or 19 and 20 if in school full-time.

SSI recipients in the household are included in the Standard Filing Unit, but their SSI income is excluded. If they have any other income, it is included, subject to tax rules.

A standard filing unit may contain a member(s) who is a tax dependent who does not reside with other family members, but will be counted as part of the SFU based on tax rules. This individual is referred to as an outside of the household (OOTH) member. Individuals who are tax dependent and living outside of the household will not have an option to select benefits as part of the application. The system will allow customers to define tax relationships between individuals on the application, including those individuals who are living outside of the household (OOTHs).

~~**2230.0401 Standard Filing Unit (MFAM)**~~

~~Persons included in a SFU who meet the technical eligibility requirements of the 1931 Medicaid Program must be in need and financially eligible in order to receive Medicaid.~~

~~**2230.0402 Verification of SFU Members (MFAM)**~~

~~The applicant's statement can be accepted as to the members of the SFU and the child's age and date of birth.~~

~~Pregnancy verification is required when eligibility is based on pregnancy or when multiple births are anticipated.~~

~~If the pregnancy must be verified, a written or verbal statement from a medical professional confirming the pregnancy and expected date of delivery is acceptable.~~

~~**2230.0403 Needs Included (MFAM)**~~

~~When an individual's needs are included in the SFU, that individual is considered in the assistance group size for the purpose of assigning benefit, income, and asset levels.~~

2230.~~0404.01~~0401 Definition of Terms (MFAM)

~~In determining need, the following terms are used:~~

1. ~~The~~ A child is ~~the dependent person under 18,~~ an individual under the age of 21, who has never been emancipated, married or whose marriage was annulled, and whose eligibility is being determined.
2. A child (for parents or other caretaker relatives who derive eligibility for themselves) is an individual under the age of 18, who has never been emancipated, married or whose marriage was annulled.
3. Parent or other caretaker relatives includes mother, father ~~(see Chapter 1400 for a definition of legal and natural father of the child)~~, adoptive mother and adoptive father, grandmother, grandfather, stepfather, stepmother, siblings (including natural, adopted, step, and half), uncle, aunt, first cousin (including first cousin once removed), nephew or niece and individuals of preceding generations as denoted by prefixes of, great, great-great, or great-great-great. Include the spouse of such parent or relative even after the marriage is terminated by death or divorce.

~~For a definition of a specified relative, see Chapter 1400.~~

~~2230.0404.02 Child for Whom Assistance is Requested (MFAM)~~

~~The needs of the child for whom assistance is requested are included, provided the child meets all 1931 Medicaid technical eligibility criteria.~~

~~If the child's mother is a teen parent receiving Title IV-E foster care payments, the board rate by Family Safety must include payment for the child. Medicaid benefits must be explored, including the child's income and assets. The mother's needs, income and assets are not considered. The board rate is counted as income in the child's Medicaid eligibility determination.~~

2230.~~0404.03~~ 0402 Parents and Other Caretaker Relatives ~~Living in the Home~~ (MFAM)

If the parent or caretaker expects to file taxes for the tax year in which eligibility is being determined and does not expect to be claimed as a tax dependent by someone else, their SFU contains themself, their spouse (if living in the home or separated filing taxes jointly), and their claimed tax dependents (living in and outside of the household) as counted individuals.

If non-married parents each expect to file taxes for the tax year in which eligibility is being determined and do not expect to be claimed as a tax dependent by someone else, each parent would be an excluded individual in each others SFU. Mutual children of the non-married parents are counted individuals in the SFU of the person who claims them as a tax dependent. Non-mutual children are not included in the non-married parents SFU of the person who does not claim them as a tax dependent.

If the individual does not expect to file taxes for the tax year in which eligibility is being determined and does not expect to be claimed as a tax dependent by someone else, the SFU is the individual, and if living with the individual, their spouse and their children (natural, adopted, step).

~~The needs of the parent(s) must be included if the parent is living in the home, or meets the conditions of temporary absence, and meets all other eligibility criteria.~~

~~When the mother and father (legal or non-legal natural father) reside together in the home, both their needs must be included if one meets the UP criteria or is incapacitated. The needs of their children must also be included in the SFU. When neither meets the UP criteria or is incapacitated, deprivation does not exist. If one receives SSI based on disability or blindness, the non-SSI parent must be included provided that the parent is not an essential person for SSI purposes. Refer to passage 2230.0405.03 for a definition of essential person.~~

~~2230.0404.04 Teen Parent Living with Parents (MFAM)~~

~~The needs of a teen parent who resides with a parent(s) must be included in the standard filing unit (SFU) with her own dependent child, unless the teen parent qualifies as an eligible child in her parent's SFU.~~

~~The needs of the teen parent, who resides with her parent(s) and who qualifies as an eligible child in the parent's SFU, must be included in the parent's SFU. The needs of the teen parent's child may also be included in the teen's parent's SFU as an optional member. If a teen parent is included in the parent's SFU, the teen parent may not receive assistance separately for the child. If the applicant chooses to apply for the teen parent's child, and the other parent of the child is in the home, then the needs of the other parent must also be included. If the applicant chooses not to apply for the teen parent's child, then that child and the other parent of that child cannot receive Temporary Cash Assistance separately. If the FLORIDA system builds a separate assistance group for the teen parent's child and the other parent of that child, the assistance group must be denied.~~

~~2230.0404.05 Teen Parent Living with Specified Relative (MFAM)~~

~~The needs of a teen parent who resides with a specified caretaker relative must be included in the standard filing unit (SFU) with her own child, unless the relative receives assistance for one or more siblings of the teen parent. When the teen parent's sibling(s) needs are included in the specified caretaker relative's SFU, the needs of the teen parent must be included in the relative's SFU. The needs of the teen parent's child may be included in the caretaker relative's SFU at the option of the caretaker relative. If the teen parent is included in her caretaker relative's SFU, she may not receive assistance separately for her child. If the caretaker relative chooses to apply for the teen parent's child, and the other parent of the child is in the home, then the needs of~~

~~the other parent must also be included. If the applicant chooses not to apply for the teen parent's child, then that child and the other parent of that child cannot receive Temporary Cash Assistance separately. If the FLORIDA system builds a separate assistance group for the teen parent's child and the other parent of that child, the assistance group must be denied.~~

~~2230.0404.06 Minor Siblings (MFAM)~~

~~All minor siblings (including half-brothers and half-sisters living with the child for whom assistance is requested or if away from home, meeting the conditions of temporary absence, must have their needs included, provided the sibling meets all 1931 Medicaid eligibility criteria.~~

~~Minor siblings are those brothers and sisters under the age of 18 who have never been married or whose marriage was annulled. The needs of these children must be included through the month of their 18th birthday, unless born on the first day of the month. If born on the first day of the month, their needs must be removed effective the birth month~~.

~~If the two-parent family with at least one mutual child is ineligible for payment standard related Medicaid benefits as one SFU, Medicaid assistance under payment standard related Medicaid coverage may be accessed for the nonmutual child and their parent. The income of the stepparent must be deemed in determining the Medicaid eligibility of the parent of the nonmutual child under this coverage group. Income of the stepparent is not deemed to the child.~~

~~2230.0404.07 Unmarried Parents (MFAM)~~

~~If the child's parents are not married, have other children by prior relationships living in the home, and one or both parents are incapacitated or unemployed/underemployed or receives SSI, OSS, or ICP, one assistance group is set up. Both parents, if eligible, are included in the assistance group because the children are siblings.~~

~~If the parents are not married, have other children by prior relationships, but no mutual children, two standard filing units (SFU's) must be set up.~~

~~2230.0404.08 Stepparents in Home (MFAM)~~

~~When there are two legally married stepparents in the home and neither is an SSI, OSS, or ICP recipient and each has children who are eligible for 1931 Medicaid (nonmutual children), two standard filing units (SFU's) must be set up.~~

~~If there is a mutual child and one or both parents are incapacitated or one or both parents are unemployed/underemployed or an SSI, OSS, or ICP recipient, one~~

~~SFU must be set up. The children's needs and the needs of the incapacitated or unemployed/underemployed parent(s) must be included in the SFU.~~

~~When a parent and a stepparent are in the home, the parent's needs are included in the assistance group with the child. Stepparents who have no eligible children of their own may not be included in the AG under any circumstance.~~

~~2230.0405.01 Needs May be Included (MFAM)~~

~~The specified relative or caretaker relative can choose to include or exclude the needs of any individual whose needs are not required to be included in the standard filing unit (SFU). The specified relative or caretaker relative can choose to include or exclude their own needs.~~

~~Passages 2230.0405.02 through 2230.0405.04 discuss whose needs may be included in the assistance group.~~

~~2230.0405.02 Stepsiblings May be Included (MFAM)~~

~~Any stepbrothers, stepsisters, or other children in the home who meet all 1931 Medicaid eligibility criteria may be included in the SFU.~~

~~2230.0405.03 Definition of an Essential Individual (MFAM)~~

~~Under SSI regulations, an essential individual is an individual whose presence in the household is considered necessary to provide care and services for the eligible SSI individual.~~

~~The only essential individual recognized by SSI in Florida is the nonrecipient spouse whose needs, income, and assets were considered in determining eligibility and computing the Aid to the Aged, Blind and Disabled (AABD) grant amount in December 1973. AABD was a state program prior to SSI.~~

~~Essential individuals do not themselves receive SSI; however, an amount is allocated for them in determining the eligible individual's SSI SFU. The income and assets of the essential individual are combined with those of the eligible individual in determining the SFU amount of the SSI individual.~~

~~In order to determine if an individual is considered an "essential individual", a contact must be made with the local SSA office.~~

~~2230.0405.04 Specified Relative May be Included (MFAM)~~

~~If the mother or father (legal or non-legal) is not in the home, the specified relative or caretaker relative has the option to be included in the SFU if the specified relative meets all eligibility criteria.~~

When the relative is married and the spouse is in the home, and neither spouse receives SSI, one spouse (whichever is the primary caretaker of the child(ren)) has the option to be included. If the relative is married and one spouse receives SSI, the other spouse has the option to be included, if the individual is not an essential individual for SSI purposes.

The relative who elects to receive cash assistance for the relative children under TCA "child only" coverage may be included in the Family-Related Medicaid filing unit and assistance group, if eligible.

Non-parent caretakers within the specified degree of relationship for TCA who opt to receive foster care benefits for only the eligible child may receive TCA and/or Family-Related Medicaid for themselves. The needs, income and assets of the foster child must be excluded from the TCA benefit determination of the foster parent (caretaker relative).

2230.0408 Needs Excluded (MFAM)

Passages 2230.0409 through 2230.0410.02 will discuss SFU members whose needs have been excluded from the assistance group.

2230.0409 Individuals Excluded from SFU and AG (MFAM)

The following individuals cannot be considered in the assistance group. The needs, and income, and assets of these individuals are not included in the SFU:

1. individuals who receive SSI benefits or who are included in an SSI benefit as an essential person (refer to passage 2230.0405.03 for the definition of an essential person);

   Note: When the only potentially eligible child in the family receives SSI, the parents or caretaker relative may be eligible to receive Medicaid for themselves.

2. individuals who receive Optional State Supplementation (OSS);

3. individuals covered under the Institutional Care Program (ICP);

4. individuals in a period of ineligibility due to receipt of lump sum income or asset transfer;
5. a teen parent who is a recipient of foster care payments and the child who lives with the child's parent in the foster home. The child may or may not be adjudicated dependent; and

6. a child for whom federal, state or local foster care maintenance payments or adoption assistance payments are provided.

Note: If excluding a child for whom adoption assistance payments are made is disadvantageous, then the child's needs may be included. If the child's needs are included, then the income and assets of the child are also considered, including the adoption assistance payment.

2230.0410.01 Needs Excluded (MFAM)

The needs of the following individuals must be excluded:

1. Members of an assistance group who are technically ineligible (for example, welfare enumeration or citizenship).

2. The incapacitated or unemployed father of an unborn child, living in the home, when the unborn is the only eligible child. The father's income and assets continue to be considered. When the child is born, the father's needs must be included.

3. The mother (or father) who is in and out of the home for brief periods, (the provision that the parent's needs be included in the standard filing unit (SFU) does not apply) when a non-parental specified relative is receiving Temporary Cash Assistance as a caretaker relative.

   Note: The eligibility specialist must exercise judgment as to whether to add the needs of the parent or to close and reopen the case to include the parent as payee (if the parent's needs are not added to the SFU, the parent is to be treated as an absent parent for CSE purposes).

2230.0410.02 Strikers - Needs Excluded (MFAM)

A striker is defined as a person who has refused to provide services to his employer in conjunction with other employees, whether in the form of a strike or other concerted work stoppage, including a stoppage by reason of a collective bargaining agreement, work slowdown or other concerted interruption of operations by employees.

When the parent or caretaker relative whose income is considered in determining eligibility is participating in a strike, the assistance group (AG) is considered ineligible for 1931 Medicaid and assistance must be denied or the benefits cancelled. The AG remains ineligible while the parent or caretaker relative continues to participate in the strike. The first month assistance can be authorized is for the month during which the parent or caretaker relative is no longer participating in the strike, whether because the strike is settled, the striker returned to the job or the striker was fired or otherwise dismissed, provided eligibility is established on all factors.

When a member of the AG other than the parent or caretaker relative is on strike, his needs must be removed from the AG while he continues to participate in the

~~strike. Upon request and determination of eligibility, the striker's needs can be added to the AG for the month he is no longer participating in the strike, whether because the strike is settled, the striker returned to the job, or the striker was fired or otherwise dismissed.~~

~~The eligibility specialist must verify with the employer either that the strike has been settled, the striker has returned to employment, or the striker has been dismissed from employment prior to authorizing assistance when the caretaker relative, whose income is considered in the AG, parent or a member of the AG has been on strike. The information obtained from the employer must be recorded on the application form.~~

~~2230.0413 Income Included (MFAM)~~

~~When an individual's needs have been included, that individual's income will also be included unless otherwise excluded as detailed in Chapter 1800.~~

~~The following sections will discuss policy pertaining to the income of assistance group members. Policy pertaining to the income and assets of SFU members whose needs are not included in the assistance group will be discussed in passage 2230.0419.~~

~~2230.0414.01 Income Included (MFAM)~~

~~The income of the individuals in passages 2230.0414.02 through 2230.0414.06 must be included.~~

~~2230.0414.02 Income of SFU Members Included (MFAM)~~

~~Any child, parent or relative whose needs are included in the SFU will have his income included for purposes of determining eligibility.~~

~~2230.0414.03 Including Sibling Income in SFU (MFAM)~~

The sibling(s) ~~living in the home~~ included in the tax filing group of the child for whom assistance is requested ~~or, if away from home, meeting conditions of temporary absence~~ must have income included. ~~if the sibling is otherwise eligible to have needs included in the SFU. If the sibling is not eligible to have needs included, the sibling's income is considered only if it is made available to the assistance group.~~

~~2230.0414.04 Income of Parent (MFAM)~~

~~The parent who is living in the home, or if away from home, who meets the conditions of temporary absence, must have their income included.~~

~~2230.0414.05 Income of a Pregnant Woman (MFAM)~~

~~The income of a pregnant woman is considered. Any income available to the pregnant woman on the unborn child's behalf is also considered. The income of~~

~~the pregnant woman's incapacitated or unemployed legal husband who is living in the home or who is temporarily absent is considered available to the pregnant woman unless the husband is a recipient of SSI or OSS.~~

~~2230.0416 Assets Included (MFAM)~~

~~If an individual's needs have been included in the assistance group, their assets will also be included, unless otherwise excluded as detailed in Chapter 1600.~~

~~2230.0417.02 Children's Assets Included (MFAM)~~

~~All eligible children living in the home and whose needs are included in the standard filing unit (SFU) must have assets included. (Refer to Chapter 1400 for definition of eligible child.)~~

~~2230.0417.03 Parent's Assets Included (MFAM)~~

~~The parent who lives in the home, or if away from home continues to meet the conditions of temporary absence, must have assets included even if the parent is not eligible to have needs included in the SFU.~~

~~2230.0417.04 Unmarried Siblings Assets Included (MFAM)~~

~~All eligible unmarried siblings living in the home of the child for whom assistance is requested, or if away from home, meeting the conditions of temporary absence, must have assets included if the sibling's needs are included in the standard filing unit (SFU). If the sibling is not eligible to have needs included, assets are only considered to the extent that they are made available to the assistance group. (Refer to Chapter 1400 for definition of eligible child.)~~

~~2230.0417.05 Specified Relative Assets Included (MFAM)~~

~~The specified relative, who is caretaker of the child, who chooses to have needs included in the SFU and who meets the conditions outlined in passage 2230.0405.04 must have assets included.~~

~~2230.0417.06 Pregnant Woman Assets Included (MFAM)~~

~~The assets of a pregnant woman are considered. Any assets available to the pregnant woman on the unborn child's behalf are also considered. The assets of the pregnant woman's incapacitated legal husband who is living in the home or who is temporarily absent are considered available to the pregnant woman unless the husband is a recipient of SSI or OSS.~~

~~2230.0417.07 Noncitizen's Sponsor Assets Included (MFAM)~~

~~The assets of the individual sponsor of a noncitizen are considered available to the noncitizen in their entirety.~~

~~This does not refer to sponsoring agencies or organizations.~~

2230.0420.02 Parent Excluded in AG/SFU (MFAM)

A parent whose needs cannot be included in the standard filing unit (SFU) because of having been sanctioned due to failure to comply with CSE requirements must have income and assets included in determining the child's eligibility and SFU amount. Penalized individuals are entitled to disregards if otherwise eligible.

A parent whose needs cannot be included in the SFU because of technical ineligibility (for example, due to welfare enumeration or noncitizen status) must have income and assets included in determining the child's eligibility and SFU amount.

2230.0420.04 Income and Assets - Parents of Teen Parent (MFAM)

When the teen parent resides with a parent and/or the parent's legal husband or wife who are nonparticipating individuals, and either the parent or stepparent or both have income, the income of the parent must be considered available to the teen parent and the dependent child on whose behalf the teen parent applies for assistance. A determination must first be made as to the amount of the stepparent's income considered available to the teen's parent.

If the teen parent is not eligible to have her needs included in the SFU with her child (for any technical reason), the income of the nonparticipating parent(s) or stepparent of the teen parent is considered to be available to the teen parent's child.

The assets of the parent(s) of the teen parent are not considered available to the teen parent and her child although the income may be included.

2230.0420.05 Income and Assets of Stepparent (MFAM)

The stepparent living in the home, or if away from home, who meets the conditions of temporary absence, whose needs are not included in the SFU, must have income deemed for purposes of determining eligibility.

The assets of a stepparent living in the home whose needs are not included in the SFU are not considered in the eligibility determination.

2230.0420.06 Income and Assets of Relative (MFAM)

If the nonparent specified caretaker relative opts to be included in the assistance group with the child(ren), the relative's income and assets must be included. When such a relative is married and the spouse is in the home and not receiving SSI, the spouse's income must be deemed according to stepparent deeming policy. Any assets that are jointly owned are considered according to 1931 Medicaid asset policy.

Note: Spouse to spouse deeming applies for all remaining MFAM AGs that were not mentioned above.

2230.0420.07 Income of Sponsor (MFAM)

The individual sponsor of a noncitizen will have all of their assets and income included in the eligibility determination. This does not refer to a child sponsored by agencies or organizations.

2230.0420.08 Incapacitated/Unemployed Father of Unborn (MFAM)

When the unborn is the only eligible child, the incapacitated or unemployed father of an unborn living in the home cannot have his needs included in the SFU until after the birth of the child. However, the father's income and assets will be considered in the eligibility determination.

2230.0500 FAMILY-RELATED MEDICAID STANDARD FILING UNIT (MFAM)

The following topics will be discussed in this section:

1. SFU composition, which includes a discussion of filing unit rules and verification of SFU members;
2. whose needs must or may be included;
3. whose needs must be excluded;
4. whose income and assets must be included; and
5. participation status codes used in FLORIDA.

2230.0501 Standard Filing Unit (MFAM)

Although individuals cannot receive Medicaid benefits under more than one coverage group, they can have their needs, income, and assets included in more than one standard filing unit.

Filing unit rules for determining Medicaid eligibility are based on the individual for whom assistance is being requested. The following rules are the basis for who must, may, and may not be a member of an SFU for eligibility under a Medicaid coverage group:

1. A parent is responsible for the parent's unmarried child under age 21 who is living in the home. This includes an unborn child. This is the basis for deeming income from a parent to a teen parent.
2. A stepparent is not responsible for a stepchild.
3. Spouses are responsible for each other. This is the basis for deeming of income from a spouse to a parent in a stepparent case.
4. A relative is not responsible for a child.
5. A child is not responsible for his sibling.

~~**2230.0502 Verification of SFU (MFAM)**~~

~~The applicant's statement as to the members of the SFU and the child's age and date of birth will be accepted.~~

~~Pregnancy verification is required when eligibility is based on pregnancy or when multiple births are anticipated. If the pregnancy must be verified, a written or verbal statement from a medical professional confirming the pregnancy is acceptable.~~

~~**2230.0503 Needs Included (MFAM)**~~

~~As the decision about whose needs must be included and whose needs may be included depends upon the individual for whom assistance is requested, the following sections discuss policy about the inclusion or exclusion based upon the eligibility of that individual.~~

~~The groups in which there is a deprived child (MAO, MEDS, or Medically Needy) will be discussed in passages 2230.0504.01 through 2230.0504.05.~~

~~The groups with an intact household, including the unrelated child under age 19 but born after 9/30/83, (PMA, MEDS or Medically Needy) will be discussed in passages 2230.0505.01 through 2230.0505.04.~~

~~The groups with a pregnant woman (MEDS or Medically Needy) will be discussed in passages 2230.0506.01 through 2230.0506.03.~~

~~Passages 2230.0507.01 through 2230.0507.04.will discuss other individuals whose needs must be included.~~

~~**2230.0504.01 SFUs with a Deprived Child (MFAM)**~~

~~Passages 2230.0504.02 through 2230.0504.05 discuss whose needs must be included and whose needs may be included in SFU's with a deprived child.~~

2230.~~0504.02~~ 0403 Children Under Age 21 ~~SFU with a Deprived Child under 21~~ (MFAM)

In determining the child's eligibility and SFU's countable income include the parent's countable income if the parent claims the child as a tax dependent.

Children, natural, adoptive or step, living in the home or meeting the conditions of temporary absence, must be included in the AG and the SFU based on the tax filing group.

For a child who expects to be claimed as a tax dependent for the tax year in which eligibility is being determined, the SFU is the child, the parent or other

caretaker relative claiming the child, their spouse (if married) andother claimed tax dependents.

If the child does not expect to be claimed as a tax dependent, the SFU is the child, their parents (natural, adopted, step) and their siblings (natural, adopted, step).

If the child is claimed as a tax dependent by someone other than the spouse or parent (natural, adopted, step) or if the child is living with both parents not filing a joint return or if the child is being claimed by a non-custodial parent, the SFU is the child, their parents (natural, adopted, step) and their siblings (natural, adopted, step).

Note: A parent or other caretaker relative whose needs cannot be included in the SFU because of having been sanctioned due to failure to comply with CSE requirements or other technical factors must have their income included in determining the child's eligibility and SFU's countable income.

~~If eligibility is for a deprived child under 21, the needs of the following must be included:~~

~~1. child,~~
~~2. parent, and~~
~~3. deprived siblings with no income.~~

~~The needs of the following may be included:~~

~~1. other related fully deprived children. If the other related deprived child is included and that child has a fully deprived sibling, then the sibling must also be included unless the sibling has income. Also, if the other related deprived child has their own child, that child may be included or excluded;~~
~~2. any deprived sibling with income;~~
~~3. any deprived grandchild (any deprived child of the child); and~~
~~4. caretaker relative (nonparent).~~

2230.~~0404.06~~ 0403.01 Siblings (MFAM)

Siblings (biological, adopted and step) living with the child for whom assistance is requested or if away from home, meeting the conditions of temporary absence, must be counted based on the tax filing group.

Siblings are those brothers or sisters through 18, or through age 21 if a full time student, who have never been emancipated, married or whose marriage was

annulled. The needs of siblings (biological, adopted, and step) must be counted if the sibling is less than age 19 or 19 and 20 if in school full time.

2230.~~0414.03~~ 0403.02 Including Sibling Income in SFU (MFAM)

The sibling(s) living in the home included in the tax filing group of the child for whom assistance is requested ~~or,~~ if ~~away from home~~, ~~meeting conditions of temporary absence~~ must have income included. ~~if the sibling is otherwise eligible to have needs included in the SFU~~. ~~If the sibling is not eligible to have needs included, the sibling's income is considered only if it is made available to the assistance group~~

~~**2230.0504.03 SFU with a Parent of a Deprived Child under 18 (MFAM)**~~

~~If eligibility is for a parent of a deprived child under age 18, then the needs of the following must be included:~~

1. ~~parent;~~
2. ~~deprived child (there must be at least one child under age 18, with or without income, in order for the parent to be eligible, and the child may be an unborn child); and~~
3. ~~all deprived siblings (with no income) of the deprived child.~~

~~The needs of the following may be included:~~

1. ~~any deprived siblings with income;~~
2. ~~other related fully deprived children. If another related deprived child is included and that child has a fully deprived sibling, then the sibling must also be included unless the sibling has income. If the other related deprived child has a child, that child may be included or excluded; and~~
3. ~~any deprived grandchild (any deprived child of the child).~~

~~If the parent is married and the spouse lives in the home, then income must be deemed from the spouse to the parent.~~

~~**2230.0504.04 Related Deprived Child under 21 - No Parent in Home (MFAM)**~~

~~If eligibility is for another related deprived child under 21 and no parent is in the home, then the needs of the following must be included:~~

1. ~~child, and~~
2. ~~all fully deprived siblings with no income~~.

~~The needs of the following may be included:~~

1. The caretaker relative. When the parent(s) is not in the home, the caretaker relative has the option to be included in the SFU if the relative meets all eligibility criteria, including that of specified relationship. If the caretaker relative chooses to be included, then the caretaker relative must be in the child's SFU.

   When the relative is married, the spouse is in the home and neither member of the couple receives SSI, one member of the couple (whichever is the primary caretaker of the child(ren)) has the option to be included. If the relative is married and one member of the couple receives SSI, the other has the option to be included if the individual is not an essential person for SSI purposes.

   Refer to passage 2230.0420.06 for policy regarding treatment of income and assets of specified relatives.

2. Any fully deprived sibling with income.
3. Other related fully deprived children. If another related deprived child is included and that child has a fully deprived sibling, then the sibling must also be included unless the sibling has income. If the other related deprived child has his own child, that child may be included or excluded.

2230.0504.05 Related Deprived Child Under 21 - Parent in Home (MFAM)

This situation can occur when a relative is the primary caretaker and therefore makes application for assistance. The parent would also be eligible to receive assistance.

If eligibility is for another related deprived child under age 21 and a parent is in the home, then the needs of the following must be included:

1. the child,
2. the parent (if the parent is under 18 the caretaker relative may also be included or excluded), and
3. deprived siblings with no income.

The needs of the following may be included:

1. any deprived sibling with income, and
2. other related fully deprived children.

2230.0505.01 SFU with a Mutual Child (MFAM)

Passages 2230.0505.02 through 2230.0505.03 discuss whose needs must be included and whose needs may be included in SFU's that contain a mutual child.

~~2230.0505.02 SFU with a Mutual Child Under 21 (MFAM)~~

~~If eligibility is for a mutual child under 21, then the needs of the following must be included:~~

1. ~~the child,~~
2. ~~the parents, and~~
3. ~~all siblings with no income~~.

~~The needs of the following may be included:~~

1. ~~any siblings with income;~~
2. ~~other related fully deprived children. If another related deprived child is included and that child has a fully deprived sibling, then the sibling must also be included unless the sibling has income. If the other related fully deprived child has their own child, that child may be included or excluded; and~~
3. ~~any deprived grandchild (any deprived child of the mutual child).~~

~~2230.0505.03 SFU with a Parent of a Mutual Child Under 18 (MFAM)~~

~~If eligibility is for a parent of a mutual child under age 18, then the needs of the following must be included:~~

1. ~~Both parents and the mutual child. There must be at least one child under age 18, with or without income, in order for the parent to be eligible. The child could be an unborn child.~~
2. ~~Siblings (with no income) of the mutual child.~~

~~The needs of the following may be included:~~

1. ~~Any sibling with income.~~
2. ~~Other related fully deprived children. If another related deprived child is included and that child has a fully deprived sibling, then the sibling must also be included unless the sibling has income. If the other related deprived child has their own child, that child may be included or excluded.~~
3. ~~Any deprived grandchild (any deprived child of the mutual child).~~

~~2230.0505.04 SFU with an Unrelated Child Born After 9/30/83 (MFAM)~~

~~If eligibility is for an unrelated child born after 9/30/83, but under age 19, then the needs of the following must be included:~~

1. ~~the child, and~~
2. ~~all fully deprived siblings with no income.~~

~~The needs of the following may be included:~~

1. ~~any fully deprived sibling with income; and~~
2. ~~other related fully deprived children. If another related deprived child is included and that child has a fully deprived sibling, then the sibling must also be included unless the sibling has income. If the other related child has their own child, that child may be included or excluded.~~

~~2230.0506.01 SFUs with a Pregnant Woman (MFAM)~~

~~Passages 2230.0506.02 and 2230.0506.03 discuss who must be included and who may be included in SFU's with a pregnant woman.~~

~~2230.0506.03 SFU with Woman Pregnant - Deprived Unborn Child (MFAM)~~

~~If eligibility is for a pregnant woman with a deprived unborn child, then the needs of the following must be included:~~

1. ~~the pregnant woman,~~
2. ~~the unborn child(ren), and~~
3. ~~all deprived siblings (with no income) of the unborn.~~

~~The needs of the following may be included:~~

1. ~~Any deprived children with income.~~
2. ~~Other related fully deprived children. If the other related deprived child is included and that child has a fully deprived sibling, then the sibling must also be included unless the sibling has income. If the other related deprived child has a child of their own, that child may be included or excluded.~~
3. ~~Any deprived grandchild (of the pregnant woman).~~

~~2230.0507.01 Needs Included - Other Individuals (MFAM)~~

~~This section will discuss the inclusion of needs for:~~

1. ~~individuals ineligible for Medicaid due to technical requirements,~~
2. ~~the unborn child, and~~
3. ~~SSI MAO's.~~

~~2230.0507.02 Individual Ineligible on Technical Requirements (MFAM)~~

~~Individuals who do not meet the residency, welfare enumeration, and citizenship requirements must have their needs included in the SFU and their income and assets counted, unless they are an optional member, even though they are not eligible to receive medical assistance.~~

~~2230.0507.03 When to Include the Needs of the Unborn Child (MFAM)~~

~~This policy does not pertain to the MFAM groups that correspond to the Temporary Cash Assistance groups, the under $10 payment assistance groups, and the assistance groups who choose not to receive Temporary Cash Assistance.~~

~~The eligibility specialist must count the needs of the unborn if the father is not in the home, is incapacitated, unemployed or is an SSI recipient.~~

~~If the father is in the home, the eligibility specialist will count the needs of the unborn if the father is also in the standard filing unit. If the father is not included in the SFU because he is a recipient of Temporary Cash Assistance, then the needs of the unborn are included.~~

~~2230.0507.04 SSI MAOs (MFAM)~~

~~Some SSI individuals receive MAO. Because they do not receive Temporary Cash Assistance, their needs are included in the SFU and their income and assets are considered in determining the eligibility of the assistance group. These are SSI individuals who have become employed and whose income now exceeds the SSI standard.~~

~~2230.0508 Needs Excluded (MFAM)~~

~~This policy pertains to the 1925 transitional Medicaid and 1931 (MAR/U/I) coverage groups. The following individuals will not have their needs considered and their income and assets will be treated accordingly. Anyone who is receiving 1931 coverage, RAP, or SSI benefits, or is an SSI essential individual is not included; the income and assets of these individuals will also be excluded.~~

~~If a parent or participating caretaker relative has been sanctioned for failure to comply with third party liability requirements, they must be excluded from the assistance group; however, their needs, income and assets will be counted in the standard filing unit.~~

~~The needs of a child for whom federal, state or local foster care maintenance payments or adoption assistance payments are provided must be excluded; therefore, that child's income and assets are also excluded.~~

~~**Note:** If excluding a child for whom adoption assistance payments are made is disadvantageous, then the child's needs may be included. If the child's needs are included, then the income and assets of the child are also considered, including the adoption assistance payment.~~

~~2230.0509 Income/Assets Included (MFAM)~~

~~This policy pertains to the 1925 transitional Medicaid and 1931 (MAR/U/I) coverage groups. All individuals whose needs have been included in the SFU must have their income and assets included in the benefit computation.~~

~~A parent who has been sanctioned for failure to comply with CSE requirements will have their needs, income and assets included in the benefit computation, if receiving 1931 Medicaid. While receiving 1925 Medicaid the sanctioned individual will be an eligible participant in the coverage group.~~

~~2230.0510 Participation Status Codes (MFAM)~~

~~When the SFU composition has been determined, a participation code will be assigned to each individual. This code will determine in FLORIDA how each individual's needs, income and assets are counted.~~

~~The participation status codes that will be used in Family-Related Medicaid are described as follows:~~

- ~~**EA** - Eligible or Potentially Eligible Adult - The income, assets, and needs are included. The individual is entitled to appropriate disregards and receives benefits.~~

- ~~**EC** - Eligible or Potentially Eligible Child - The income, assets, and needs are included. The individual is entitled to appropriate disregards and receives benefits.~~

- ~~**RA** - Removed Adult - An optional member who has been removed. As this individual is no longer part of the SFU, their income, assets, and needs are not included.~~

- ~~**RC** - Removed Child - An optional member who has been removed. As this individual is no longer part of the SFU, their income, assets, and needs are not included.~~

- ~~**DS** - Deemed Spouse - The needs of these individuals are not included. Assets are not considered. Income of these individuals is deemed.~~

- ~~**DP** - Deemed Parent - The needs of these individuals are not included. Assets are not considered. Income of these individuals is deemed.~~

- ~~**CA** - Counted Adult - The needs, income, and assets of this individual are included and disregards given but the individual is not eligible for Medicaid. This situation occurs when an individual is ineligible due to noncitizen status or residency or welfare enumeration.~~

~~**CC** - Counted Child - The needs, income, and assets of this individual are included and disregards given but the individual is not eligible for Medicaid. The situations in which this occurs are the same as those described above in Counted Adult.~~

~~**FA** - Financial Adult - The income and assets are included but disregards not given. The individual's needs are excluded. This situation occurs when an individual is ineligible due to TPL requirements and CSE sanctions.~~

~~**FC** - Financial Child - The income and assets are included but disregards not given. The individual's needs will be excluded. This situation occurs when an individual is ineligible due to TPL requirements and CSE sanctions.~~

~~**PM** - PEN Mother - The mother of the newborn for whom presumptive eligibility is being determined. She does not receive benefits under the PEN coverage group. She receives Medicaid as an adult under another coverage group.~~

~~**XA** - Excluded Adult - The adult's needs, income and assets are not considered in the eligibility determination.~~

~~**XC** - Excluded Child - The child's needs, income and assets are not considered in the eligibility determination.~~

2430.0000 Family-Related Medicaid

The sections below discuss income budgeting methodologies.

~~Once the eligibility specialist has determined the individual's assets (Chapter 1600) and income (Chapter 1800) according to policy, various budgets and tests must be executed to determine or redetermine eligibility. To determine how to calculate benefits, Chapter 2600 must be used.~~

2430.0100 INCOME LIMITS (MFAM)

Eligibility for Medicaid is determined by comparing the SFU's countable income to the appropriate income standard. ~~The income limits compared to the SFU's countable income to determine eligibility for assistance vary by coverage group.~~ Refer to Appendix A-7 for the standard tables.

~~**2430.0102 Medically Needy Income Limits (MFAM)**~~

~~When the standard filing unit has met the technical eligibility criteria and the asset limits, the assistance group is enrolled. There is no income limit for enrollment. The assistance group is income eligible once income is less than or equal to the Medically Needy Income Level (MNIL) or medical bills equal the~~

~~amount by which income exceeds the MNIL. Once medical bills are equal to this surplus income, referred to as share of cost, the assistance group is eligible. The eligibility specialist must determine eligibility for Medically Needy any time the standard filing unit assets and/or income exceed the appropriate categorical asset and income limits. Refer to Appendix A-7 for the Medically Needy income limits.~~

2430.0200 BUDGETING (MFAM)

Budgeting processes determine how benefits will be calculated, by program, for the month. ~~Benefits for all programs are budgeted prospectively. Prospective budgeting is explained in passage 2430.0201.~~

2430.0201 ~~Prospective~~ Budget~~ing~~ Period (MFAM)

~~Prospective budgeting is a method by which~~ Eeligibility ~~and benefit levels are~~ is based on the standard filing unit composition, technical factors and income circumstances as they exist within the period ~~past, current or future month in the month~~ for which benefits are being calculated. ~~This can be either a past, current or future month both technical and financial eligibility must be determined~~. When budgeting ~~prospectively~~ for a future month, the estimated anticipated income and circumstances may be based on what occurred in prior months if those months are considered representative of the standard filing unit's continued situation. ~~Prospective~~ Bbudgeting may also be based on the amount the individual can anticipate to receive. When a budget is completed for a month that has already passed, the actual income and circumstances are used. ~~A past month is defined as any month prior to the month of the interview. All standard filing units are subject to prospective budgeting.~~

~~Eligibility for a benefit is determined prospectively based on the individual's anticipated income and circumstances in the following month. Both technical and financial eligibility must be assessed. If eligible, the benefit must be based on the budget month's income and circumstances as known to the eligibility specialist at the time action is taken.~~

2430.0204 Determining Monthly Income (MFAM)

Several factors are involved in determining a gross amount of monthly income to be budgeted. These are anticipating and projecting income, averaging income, and converting the income to a monthly amount.

When income is received more often than monthly, it will be converted to a monthly amount. When averaging income, use the most recent consecutive four weeks or the best available information when it is representative of the individual's future income

~~Note:~~ ~~Failure to receive paychecks at regularly scheduled times does not warrant changes in eligibility. For example, Panther Imports paid their~~

~~employees on the 30th of each month. In July they decided to pay the employees on the 3rd of the following month. As a result, employees received their July check on August 3rd. Even though no earnings were received in July, we consider the August 3rd pay in the July budget as it was money intended for July.~~

2430.0206 Budgeting Methods (MFAM)

The process of computing the amount of income to be considered in determining financial eligibility and the coverage group(s) is called “budgeting”. When determining financial eligibility, one or more budget calculations will be completed. The best estimate of the standard filing unit’s income and circumstances is used to determine eligibility ~~the coverage group~~. When determining eligibility benefits for a past month, the SFU’s actual income and circumstances are used. The income is compared to the appropriate income limit to determine the coverage group. ~~See Appendix A-7 for income charts.~~

~~2430.0207.01 Budgeting for Subsequent Months (MFAM)~~

~~Eligibility for a benefit is determined prospectively based on the individual's anticipated income and circumstances in the following month. Both technical and financial eligibility must be assessed. If eligible, the benefit must be based on the budget month's income and circumstances as known to the eligibility specialist at the time action is taken.~~

~~2430.0207.02 Removing an Individual's Needs (MFAM)~~

~~If an individual in the assistance group is determined to be prospectively ineligible for the following month, his needs must be removed the following month. If it is not possible to give a 10 day advance notice to cancel or remove the individual, an overpayment exists for the interim month.~~

~~When an individual is removed from the AG, continue to budget their income, if they are a mandatory SFU member. Example: A CSE sanctioned parent who is working.~~

~~2430.0207.03 Adding Individuals to an AG (MFAM)~~

~~The add date is the date the change was reported verbally or in writing. The exception to this policy occurs for a newborn. Newborns will be added effective on their date of birth. Medicaid for an individual will begin the 1st day of the month of request, if eligible. For Medicaid coverage up to three months prior to the request to add the new to add the new individual; retroactive Medicaid may be explored.~~

2430.0300 INCOME DISREGARDS (MFAM)

~~This section presents policy on the following:~~

1. earned income disregard,
2. standard disregard,
3. child care disregards,
4. medical disregards,
5. student earned income,
6. work expenses of the blind,
7. ordinary and necessary expenses,
8. optional deduction, and
9. unearned income overpayment.

2430.0301 Disregards and Vendor Payments (MFAM)

Any expense that is paid by a vendor payment cannot be allowed as an expense under income disregard policy.

2430.0304 Standard Earned Income Disregard (MFAM)

The standard earned income disregard must be budgeted for each individual whose earned income is considered in determining eligibility.

The first $90 of each individual's gross earned income is deducted in a regular budget.

The first $90 of each individual's gross earned income is deducted in the deeming budget.

The formula is: (Gross Earned Income) - (Standard Earned Income Disregard) = (Balance after Standard Earned Income Disregard).

2430.0314 $200 and 1/2 Earned Income Disregard (MFAM)

Each individual (who has earnings and is otherwise eligible) whose needs are considered in determining eligibility for Family-Related Medicaid may be eligible for a disregard of a portion of the individual's remaining earned income following the standard earned income deduction.

Note: Individuals penalized due to Child Support Enforcement noncompliance or third party liability can receive the earned income disregards if they meet either of the criteria described in 2430.0315.

Once an individual is found eligible for the $200 and 1/2 disregard, there is no time limit for receipt of the disregard; provided the individual continues to meet the criteria each time eligibility is evaluated.

2430.0315 Eligibility for $200 and 1/2 Disregard (MFAM)

In order for a member of a Medicaid standard filing unit (SFU) to receive the $200 and 1/2 earned income, one of the following criteria must be met:

1. the individual with earnings must have been eligible for and received Medicaid subject to payment standard criteria in one of the past four months; or
2. the standard filing unit must have gross countable income (including earned and unearned income), less the $90 standard earned income disregard, and dependent care expenses which is less than or equal to the applicable Consolidated Need Standard (CNS).

Note: Receipt of Medicaid coverage from another state can be included in determining receipt of assistance in one of the past four months. Months of transitional or extended Medicaid are not considered months of payment standard Medicaid.

2430.0319 Calculating the $200 and 1/2 Disregard (MFAM)

The calculations for the $200 and 1/2 earned income disregard are the same for all Family-Related Medicaid coverage groups.

In order to determine if the standard filing unit has gross countable income less than or equal to the Consolidated Need Standard, the following calculations are used:

1. Subtract the $90 standard disregard.
2. Subtract dependent care expenses.
3. Add deemed and gross unearned income to arrive at the countable figure.

Compare the countable income to the Consolidated Need Standard for the standard filing unit size. If the countable income is less than or equal to the Consolidated Need Standard, the standard filing unit is eligible for the $200 and 1/2 earned income disregard.

Note: If the standard filing unit meets the criteria to receive the $200 and 1/2 earned income disregard, each member of the SFU with earnings will receive the disregard.

Once an individual has been found for the $200 and 1/2 earned income deduction, the following calculations are used to apply the disregard.

1. Subtract the $90 standard disregard from the earnings of each individual in the standard filing unit.
2. Subtract $110.
3. Subtract one-half of the amount remaining.

~~Once the $200 and1/2 disregard has been applied, any other disregards the SFU/AG is eligible for will be subtracted. The remaining income is the amount of income that will be counted in the budget.~~

~~When an individual with earned income joins an existing Family-Related Medicaid SFU, that individual's income must meet all the disregard tests.~~

~~2430.0325 Work Related Cost of Care Disregards (MFAM)~~

~~Medicaid recipients with dependent care costs will be allowed the work related cost of care disregard in the eligibility budget. Only the amount of the out-of-pocket expense may be used as a disregard in budget. This is the amount the recipient pays; i.e., the parent fee and/or any amount that exceeds the market rate. The dependent care costs must be verified only if questionable.~~

~~2430.0326 Cost of Care Maximums (MFAM)~~

~~The maximum allowable disregard for the work related cost of child or incapacitated adult care is up to $200 per child under age two; or up to $175 per child or incapacitated adult age two or older.~~

~~In the month following the month the child turns age two, the maximum cost of care disregard becomes $175 per child. If the child turns age two on the first of a month, the $175 maximum disregard applies in the month of the child's birthday. The cost of care disregard is budgeted as billed, use appropriate conversion factor if necessary). However, no child or incapacitated adult care amount paid by vendor payment is allowed as a deduction.~~

~~The formula is:~~ ~~(Balance after Standard Earned Income Disregard) - Appropriate Earned Income Disregard - (As Billed Cost of Care per Child or Incapacitated Adult Up to the Maximum) = (Countable Income).~~

~~2430.0327 Eligibility for Child Care Disregard (MFAM)~~

~~In order to qualify for the disregard, the child/incapacitated adult care must be necessary for the parent/caretaker relative to maintain employment. Additionally, the child in need of care must be under age 13, or physically or mentally incapable of caring for himself, or be under court supervision. Verification of the need for care must be obtained, only when questionable.~~

~~The child for whom the care is provided does not have to be in the assistance group, but must be a member of the SFU.~~

~~The cost of care incurred must be paid to an individual not in the AG/SFU.~~

~~2430.0328 Incapacitated Adult Care Disregard (MFAM)~~

~~In order to qualify for the disregard, the incapacitated adult care must be necessary for the caregiver to maintain employment. The cost of care for an incapacitated adult can be deducted only when:~~

1. ~~the incapacitated individual lives in the home with the employed individual and the dependent child;~~
2. ~~the incapacitated adult is included in the assistance group; and~~
3. ~~the individual requires care due to a physical, mental, or emotional condition that precludes the individual from remaining alone in the home during the hours of employment.~~

~~The incapacitated individual's need for care must be verified, if questionable, by a statement from a physician, nurse or other health care professional. The amount billed must be documented or verified only if questionable.~~

~~2430.0338 Shelter Obligation (MFAM)~~

~~The single Medicaid payment standard is based upon the Tier I standard, which is budgeted without consideration of whether the household has a shelter obligation. Verification of a shelter obligation is not required for Medicaid.~~

~~2430.0363 Student Earned Income Disregard (MFAM)~~

~~The earned income of an eligible full-time student or part-time student who is not a full-time employee is not subjected to the eligibility standard test for six months in a calendar year. The gross earned income of full-time student, or part-time student and who is not a full-time employee is disregarded in the budget computation for the entire school year.~~

~~A student, or purposes of the earned income disregard, refers to an individual under age 19 or under age 21 whose needs are included in a coverage group that provides Medicaid coverage to children under age 21 (ex. MO Y, MP C). A part-time student who is not full-time employee is defined as one whose school or training schedule is at least one-half of a full-time curriculum and who is regularly employed less than 30 hours per week.~~

~~If a student goes from full to part-time employment or vice versa within a month, entitlement to the student disregard should be based on the average weekly number of hours for which the student was paid during the month.~~

~~A full-time student includes a participant in the Job Corps.~~

~~Verification of student status by the school or institution attended is required. Information must be provided on the gross income earned by the student; documentation is not required.~~

~~Earnings for classroom attendance negate this student definition. Earnings for classroom attendance is considered earned income and the individual receiving this income is not considered a student qualified for the student earned income disregard. The one exception of this is with reference to earnings for classroom attendance under a WIA Program. The WIA pay is unearned income and subject to separate WIA unearned income exclusions. Exception: Stipends paid to NCSTA AmeriCorps participants are excluded across the board when they are paid for classroom attendance.~~

2430.0400 PENALTY OF NON-DISREGARD (MFAM)

~~Medicaid Programs have a penalty of non-disregard. The penalty is applied when an individual whose needs are included in the assistance group:~~

1. ~~fails to timely report earned income without good cause, or~~
2. ~~terminates or refuses employment or reduces earnings without good cause.~~

~~When the penalty is applied the standard earned income disregard ($90), work related cost of child care or incapacitated adult care, and $200 and 1/2 earned income disregards are not applied to the individual's earnings.~~

~~**Exceptions:**~~

1. ~~Individuals penalized due to Child Support Enforcement non-compliance or third party liability can receive the earned income disregards if they meet the criteria described in passage 2430.0315.~~
2. ~~The penalty is not applied to a deeming budget.~~

2430.0500 INCOME AVERAGING (MFAM)

Income averaging is a method used to adjust for fluctuations in income when the income is not verified through the Federal Data Services Hub (FDSH) or State Wage Information Collection Agency (SWICA) data, converted to a monthly amount ~~as described in passages 2430.0501 through 2430.0509~~.

When earned income is received more frequently than monthly, a four week average is used. When income is received semimonthly, the computation is averaged based on the most recent available one month of pay. When the income is received monthly, use the most recent one month pay, if representative.

When using an average, use only the weeks in the average that represent the ongoing pattern of employment. If there are significant breaks of one week or more without pay and the breaks are

not expected to recur at four week intervals, the breaks will be disregarded in computing the average. Such a break without pay might be due to illness, a death, vacation, employer leaving town, and the like. When such breaks are part of the pattern of the applicant/recipient's employment, the weeks are taken into consideration in computation of the average (for example, construction workers).

When the applicant/recipient begins employment by working only a partial week, thus having lower wages for that week only, the initial partial week should not be included in the average used to compute the budgeted income.

Unearned income such as spousal support may be averaged using the same procedures.

2430.0501 Averaging Fluctuating Income (MFAM)

To average income, ~~the eligibility specialist must~~ consider the standard filing unit's anticipation of monthly income fluctuations over the eligibility period. When averaging income, use the most recent consecutive four weeks or the best available information when it is representative of the individual's future earnings.

When the most recent consecutive four pay stubs are provided and there are no major changes in pay or number of work hours, project future monthly earnings on an average of the four pay stubs provided.

When the most recent consecutive four pay stubs are provided and there has been a change to the hourly rate of pay or work hours use the most recent pay stub(s), which are representative of future earnings.

~~**Example 1:** At application, Mr. Smith provides the most recent consecutive four pay stubs from his job. He states he has not received any pay raises or significant changes in the number of hours he is working. As such, the eligibility specialist projects his future monthly earnings on an average of the four pay stubs he presented.~~

~~**Example 2:** At eligibility review, Mr. Smith provides the most recent consecutive four pay stubs from his job. The two more recent stubs indicate a $1.00 increase in his hourly rate. Since he has had a change in his hourly rate, the eligibility specialist does not use all four pay stubs to project his future earning potential. Instead, the eligibility specialist uses the two pay stubs which are representative of his future earnings and averages these to project his monthly earnings.~~

~~**2430.0502 When Income should be Averaged (MFAM)**~~

~~When computing a budget, income should be averaged whenever it is received:~~

~~1. in differing amounts;~~
~~2. at varying periods;~~

3. ~~from sources such as tips, commissions, and overtime;~~
4. ~~at a regular rate and schedule of pay, but to cover time periods which vary; or~~
5. ~~in any combination of the above, or any time the same amount is not received at the same time each month, resulting in the amounts to be budgeted varying from month to month.~~

~~2430.0503 Unearned Income (MFAM)~~

~~Unearned income such as contributions or child support payments may be averaged using the same procedures as for earned income.~~

~~2430.0504 Earned Income (MFAM)~~

~~A four week average is used when earned income is received more frequently than monthly; for example, weekly or biweekly. When income is received semimonthly, the computation is averaged based on the most recent available one month of pay (two semimonthly payments). When the income is received monthly, use the most recent one month pay if representative.~~

~~When using an average, use only the weeks in the average that represent the ongoing pattern of employment. For example, if the employee is out sick one week and received no pay, do not use that week in the average.~~

2430.0505 Less than a Four Week Average (MFAM)

When a shorter than four week average is to be computed, use the number of weeks available up to four at the new amount, to compute the revised average. When the applicant/recipient has just begun employment and only one full week's earnings are available or only the wage and hours are known, compute the budget based on the best information available. ~~Contact may be made with the employer if necessary to confirm employment information. The reason for the less than four week average must be clearly reflected in the case recordings.~~

~~2430.0506 Significant Breaks in Employment (MFAM)~~

~~If there are significant breaks of one week or more without pay and the breaks are not expected to recur at four week intervals, the breaks will be disregarded in computing the average. Such a break without pay might be due to illness, a death, vacation, employer leaving town, and the like. When such breaks are part of the pattern of the applicant/recipient's employment, the weeks are taken into consideration in computation of the average (for example, construction workers).~~

~~2430.0507 Partial Week (MFAM)~~

~~When the applicant/recipient begins employment by working only a partial week, thus having lower wages for that week only, the initial partial week should not be included in the average used to compute the budgeted income. Additionally, if a partial week was worked due to illness, a death, vacation, etc., and these factors are not anticipated to recur within the future, these partial weeks should be~~

~~omitted from the average as they are not reflective of future earnings. In this situation, the average may be based on three weeks or less.~~

~~**2430.0508 Basis for Average (MFAM)**~~

~~Requirements for documentation or verification of averaged income are the same as with any income as provided in Chapter 1800. It is important that the eligibility specialist base the average computation for ongoing employment on the actual gross income the applicant/recipient received for the particular time period, rather than on estimated wages and hours to be worked. When the applicant/recipient begins new employment, the eligibility specialist must determine whether the particular type of employment will result in irregular income. Although the employer may indicate on the documentation that the applicant/recipient is to work a set number of hours or days for a certain wage, the applicant/recipient may actually work varying hours. Base the initial budget on the amount the applicant/recipient is supposed to earn, usually one week's salary, or the employer's statement of wages.~~

2430.0700 INCOME CONVERSION (MFAM)

Most income is received more often than monthly; that is; it is received weekly, biweekly, or semimonthly. Since eligibility and benefit amounts are issued based on a calendar month, income received other than monthly is to be converted to a monthly amount.

The following conversion factors based on the frequency of pay are used:

Weekly income (once a week): Multiply by 4~~.3~~.
Biweekly income (every two weeks): Multiply by 2~~.15~~.
Semimonthly income (twice a month): Multiply by 2.

2430.0800 EXPLORING MANAGEMENT (MFAM)

~~Management is the comparison of the monthly income received and expenses paid by the applicant or recipient. In exploring eligibility, an applicant or recipient is required at a minimum to explain management during the month(s) of application or eligibility review, if questionable.~~

~~An applicant is required to explain management for the month(s) of application and may be required to explain management for months prior to the month of application. A recipient is required to explain management if questionable for the month of complete eligibility review and may be required to explain management during the review period. An application cannot be rejected for failure to provide documentation of expenses paid in months prior to application; however, failure to explain management during the month(s) of application may result in denial of the application if eligibility cannot be determined.~~

~~When current paid expenses exceed acknowledged income, receipt of income from other possible sources must be explored by the eligibility specialist and verification or documentation secured by the individual, if indicated.~~

~~If the applicant or recipient cannot explain how the bills were paid, the case should not be denied or canceled solely on "management". However, the eligibility specialist must request that the applicant or recipient furnish additional information; that is, pend the case. Failure by the applicant or recipient to provide this information within the pending deadlines will result in the case being denied based on the fact that eligibility cannot be determined.~~

2610.0106.02 Minimum Benefit (FS)

Initial month: Issue no benefits less than $10.

Recurring months:

1. Issue a minimum of eight percent of the maximum benefit for a one-person assistance group to one or two person assistance groups who are eligible ~~for at least a $0 benefit~~.
2. Issue a benefit less than the minimum benefit to eligible assistance groups of three or more. $1, $3, or $5 benefits will round to $2, $4, or $6.

2630.0000 Family-Related Medicaid

~~Once the eligibility specialist has determined available income as per Chapters 1800 and 2400,~~ T~~t~~he policy in this chapter must be used to perform the budgets and tests to determine eligibility for benefits and the benefit amount.

2630.0100 BUDGETS AND TEST CALCULATIONS (MFAM)

Each program has budgets and tests that must be completed. ~~executed in order to determine eligibility.~~ These are discussed in the following sections. ~~The income limits for each program are found in Appendix A-7.~~

~~2630.0102 Changes Affecting Entitlement (MFAM)~~

~~If after completing a budget, the eligibility specialist finds a surplus (the countable income exceeds the applicable standard for the specific type of assistance), entitlement for assistance under that coverage group is lost. However, the eligibility specialist must assess the assistance member or group's eligibility under other DCF programs.~~

~~When a budget results in an increase in countable income for a Medically Needy assistance group, refer to Section 2630.0500 for a discussion of share of cost.~~

2630.0107 Budgets and Tests (MFAM)

To be financially eligible, the total gross income of the assistance group cannot exceed the appropriate coverage group's income limit. ~~Eligibility Standard. and the total net income cannot exceed the appropriate income limit. The Eligibility and Payment Standard and the poverty level income limits are found in Appendix A-7~~.

~~**2630.0109.01 Eligibility Standard Test (MFAM)**~~

~~The Eligibility Standard Test applies only to cases that use the payment standard as the financial eligibility criteria. In order to be eligible, the assistance group's gross income cannot exceed the appropriate Eligibility Standard at the initial determination. The Eligibility Standard is based on the size of the assistance group and whether the assistance group has a shelter obligation. Total gross income for this test is computed as follows:~~

~~**Step 1** - Earned and unearned income from all sources is totaled. This includes, but is not limited to, countable net deemed income of sponsors of certain noncitizens, stepparents and grandparents.~~

~~**Step 2** - The $50 maximum child support disregard is allowed and the income of a full-time student for a six-month period per calendar year is excluded in this test.~~

~~**Step 3** - The standard earned income disregard, child or incapacitated individual care costs, and the $200 and 1/2 disregards are not deducted in this test.~~

2630.~~0109.02~~ 0108 ~~Formula for~~ Budget Computation ~~185% of Standard~~ (MFAM)

Financial eligibility for Family-Related Medicaid is determined using the household's Modified Adjusted Gross income (MAGI). The MAGI is the household's adjusted gross income as calculated by the Internal Revenue Service plus any foreign earned income and interest income exempt from tax.

In computing the assistance group's eligibility, the general formula is:

Step 1 - (~~Net~~ Gross Unearned + ~~Adjusted~~ Gross Earned) = (Total Gross Income).

~~**Step 2** – (Eligibility Standards) - (Total Gross Income) = (Deficit or Exact Equal: Meets the Requirements) or (Surplus: Ineligible).~~

Deduct any allowable income tax deductions (lines 23-35 from 1040). Deduct any allowable deductions for financial aid or self- employment to obtain the Modified Adjusted Gross Income.

Step 3 - Deduct the appropriate standard disregard. This will give the countable net income.

Step 4 - Compare the total countable net income to the coverage group's income standard.

If less than or equal to the income standard* for the program category, **STOP**, the individual is eligible. If greater than the income standard for the program category, continue to **Step 5.**

Step 5 - Apply a MAGI deduction (5% of the FPL based on SFU size). If the 5% disregard would make the individual eligible, include the disregard. Otherwise the individual is ineligible for Medicaid.

Individuals determined ineligible for Medicaid will be enrolled in Medically Needy and referred, as appropriate, to Florida Kidcare and/or the Federally Facilitated Marketplace (FFM),.

*Note: Children aged 6-18 do not receive the standard disregard. They do receive the 5% MAGI disregard, if it's needed to determine the assistance group eligible.

~~**2630.0109.03 Standard Test after Application (MFAM)**~~

~~The Eligibility Standard Test computation must be done at each eligibility review, when income is initially received, when income is received from a new source, each time income increases, when a standard for fewer persons is used, or when Tier II or Tier III is used in place of Tier I (refer to Appendix A-5 and A-7 for Tier I, II and III).~~

2630.0110 Test Budgets and Deeming Formulas (MFAM)

Certain test budgets and deeming formulas are necessary in determining eligibility and benefit amount. The following circumstances must be considered ~~before computing the Eligibility Standard Test~~:

1. ~~Deeming of income of the parent(s) of a teen parent when the teen parent resides with her parent(s) and is requesting assistance as the parent of a needy child or as a pregnant woman.~~

2. ~~Deeming of income from the stepparent whose needs are not included in the assistance group to their legal spouse who is the parent of a child(ren) included in the assistance group or who is the parent of a teen parent who~~

~~receives assistance for her child(ren). Stepparent deeming is also done when the parent is not in the home, but the stepparent is. Stepparent deeming does not apply to Family-Related Medicaid (MFAM) except for the under $10 payment cases and cases in which the individual opts not to receive direct assistance.~~

~~3. Deeming of a spouse's income to another spouse. This applies only to MFAM except for the under $10 payment cases and cases in which the individual opts not to receive direct assistance.~~

~~4.~~ Deeming of a noncitizen's sponsor income to the noncitizen. ~~This does not apply to MFAM except for the under $10 payment cases and cases in which the individual opts not to receive direct assistance.~~

~~5. Test budget for income disregards ($200 and 1/2).~~

6. Test budget for Transitional and Extended Medicaid. An assistance group may be eligible for either four (Extended Medicaid)~~, six,~~ or twelve months (Transitional Medicaid) ~~of Extended Medicaid~~, depending on the circumstances of ineligibility.

~~7. A prospective eligibility test budget must be computed on active cases when an adverse change affecting the amount of the benefit is anticipated.~~

~~2630.0111.01 Income Test and Benefit Determination (MFAM)~~

~~The following steps are necessary for any budget computed for eligibility or benefit amount:~~

~~Step 1~~ ~~- Total the gross income.~~

~~Step 2~~ ~~- Subtract operating costs (if any), standard disregard of $90 and appropriate earned income disregard, if eligible. Subtract the cost of care for Medicaid only cases. Make the appropriate deductions for the type of benefits from the total earned income to obtain the net earned income.~~

~~Step 3~~ ~~- Subtract additional disregards and expenses connected with the income from the total unearned income to obtain the net unearned income.~~

~~Step 4~~ ~~- Add the net earned income to the net unearned income to obtain the total net income.~~

~~Step 5~~ ~~- Subtract the total net income from the applicable income limit standard (refer to Appendix A-7), and if a surplus results, eligibility does not exist. If a deficit results or the net income equals the income limit, the assistance group is eligible.~~

2630.~~0111.02~~0111 Transitional Medicaid Test Budget (MFAM)

The increase in earned income or hours worked must have (by itself or in combination with other changes) caused a ~~causative effect on the~~ loss of ~~1931~~ Medicaid eligibility. One or more test budgets may be necessary to determine eligibility for T~~t~~ransitional Medicaid when:

1. two or more budget changes occur in the same month; and
2. at least one of the changes is receipt of or increase in earned income by the parent or caretaker relative ~~caregiver~~ who is a counted or eligible member of ~~whose needs are included in~~ the ~~assistance group~~ standard filing unit.

Follow these steps to determine if an increase in earned income (or other factor) ~~had a causative effect on~~ caused the loss of ~~1931~~ Medicaid:

Step 1 - Determine if the increase in income or hours of employment would have resulted in loss of ~~1931~~ Medicaid ~~eligibility~~ if all other factors in the case remained the same (i.e., there was no other change in unearned income, no change in family composition, etc.).

If yes, the ~~family~~ assistance group is eligible to receive T~~t~~ransitional Medicaid benefits.

If no, go to Step 2.

Step 2 - Determine if the events other than the increase in income or hours of employment would have resulted in loss of ~~1931~~ Medicaid ~~eligibility~~ if the increased earned income or hours of employment had stayed the same.

If yes, the ~~family~~ assistance group is not eligible to receive T~~t~~ransitional Medicaid benefits.

If no, go to Step 3.

Step 3 - Determine if the family is ineligible for ~~1931~~ Medicaid when all changes are considered.

If yes, the ~~family~~ assistance group is eligible for T~~t~~ransitional Medicaid benefits. The increase in earnings or hours of employment was essential to the loss of ~~1931~~ Medicaid ~~eligibility~~. ~~Without that increase, the family would not have lost 1931 Medicaid eligibility~~.

If no, the ~~family continues eligible for 1931~~ assistance group is not eligible for Transitional Medicaid and should be evaluated for other types of coverage.

2630.0111.03 Computation for Transitional Medicaid (MFAM)

Perform the following computations to determine eligibility for transitional Medicaid when multiple changes are reported at the same time, but occurred in different months:

Step 1 - Determine if the first (earliest) change resulted in ineligibility.

If yes and the first change was an increase in earned income or hours worked, the family is eligible to receive transitional Medicaid benefits. If the first change is not related to earned income, and resulted in ineligibility, the family is not eligible for transitional Medicaid benefits.

If no, go to Step 2.

Step 2 - Determine if the second change, when added to the first change, results in ineligibility.

If yes and the second change was in increase in earned income or hours worked, the family is eligible to receive transitional Medicaid benefits. If the second change is not related to earned income, and resulted in ineligibility, the family is not eligible for transitional Medicaid benefits.

If no, and a deficit still results, continue to complete test budgets until all changes have been considered.

When the test budget results in ineligibility, the specific change used in that calculation is the cause of ineligibility. If that change is the change in earned income, the assistance group is eligible for transitional Medicaid if all other conditions are met. If the change that causes ineligibility is not due to earned income, complete an ex parte to determine if the assistance group is eligible for Medicaid benefits in another coverage group.

2630.0113 Budgets and Tests (MFAM)

The Eligibility Standard Test is applicable only to Medicaid cases that use the TCA payment standard as financial eligibility criteria. Use Tier I (Appendix A-5) payment standard when budgeting Medicaid cases which use the Temporary Cash Assistance payment standard as the financial eligibility requirement.

The Eligibility Standard Test does not apply to those Medicaid coverage groups that fall under the MEDS or Medically Needy Program. For Medically Needy, always use the Medically Needy Income Level chart (Appendix A-7). In order to receive the $200 and 1/2 earned income disregard for MEDS and Medically Needy, the individual with earnings must have been eligible for and received payment standard Medicaid in one of the four preceding months or the standard filing unit has gross countable income, both earned and unearned, less the $90

~~standard income disregard per working member, less than or equal to the applicable Consolidated Needs Standard (CNS).~~

~~Refer to Section 2430.0314-.0319 for more information on eligibility for the earned income disregards.~~

~~**Note:** If the assistance group is eligible using the CNS test, they will automatically be eligible for the $200 and 1/2 disregard.~~

2630.0200 DEEMING (MFAM)

1. This section discusses sponsor deeming ~~of income~~. Deeming refers to the consideration of income and assets of~~, for example, the stepparent(s), grandparent(s), teen parent,~~ noncitizen's sponsor(s) as available to the assistance group. This does not refer to a child sponsored by agencies or organizations.

   Note: Although the Affordable Care Act did not change federal law with regard to noncitizens deeming policies, since assets are not a factor of eligibility for Family-Related Medicaid, any assets deemed to a sponsored individual will not affect their eligibility for Medicaid.

~~Note that much of the policy regarding deeming requires knowledge of budgeting.~~

n who self-declares non-support from the sponsor.

~~**2630.0204 Parent to Child Deeming (MFAM)**~~

~~A parent is a natural, adoptive or stepparent living in the same home as the eligible child. A child is an individual who is not married and who is under 21 for Family-Related Medicaid (MFAM) (except for under $10 cases and opt not to receive when the child is under 18). Refer to Chapters 1400 and 2200.~~

~~**2630.0205 Stepparent Deeming (MFAM)**~~

~~For MFAM, the following policy is applicable only to the under $10 cases and for those who opt not to receive TCA.~~

~~The net income of a stepparent whose needs are not included in the assistance group and who is living in the home (or although absent is still considered part of the family group) is considered available as unearned income to the TCA child unless that stepparent is an SSI, OSS, or ICP recipient. Income of these individuals is not considered available except for voluntary contributions. Income exclusions in Chapter 2400 apply.~~

Note: If the parent is not in the home or is receiving SSI, the non-recipient stepparent's income must still be deemed to the stepchildren in order to determine their eligibility. This policy applies when the stepparent is not included in the filing unit as an eligible adult (EA) or financial adult (FA). In the situation where the parent is not in the home and the stepparent has elected to have his needs included as the specified relative caregiver, then the stepparent's income would be treated in accordance with regular budgeting policies; it would not be deemed.

Refer to passages 2630.0209.01 through 2630.0210.04 for the deeming calculation.

2630.0205 Stepparent Deeming (MFAM)

For MFAM, the following policy is applicable only to the under $10 cases and for those who opt not to receive TCA.

The net income of a stepparent whose needs are not included in the assistance group and who is living in the home (or although absent is still considered part of the family group) is considered available as unearned income to the TCA child unless that stepparent is an SSI, OSS, or ICP recipient. Income of these individuals is not considered available except for voluntary contributions. Income exclusions in Chapter 2400 apply.

Note: If the parent is not in the home or is receiving SSI, the non-recipient stepparent's income must still be deemed to the stepchildren in order to determine their eligibility. This policy applies when the stepparent is not included in the filing unit as an eligible adult (EA) or financial adult (FA). In the situation where the parent is not in the home and the stepparent has elected to have his needs included as the specified relative caregiver, then the stepparent's income would be treated in accordance with regular budgeting policies; it would not be deemed.

Refer to passages 2630.0209.01 through 2630.0210.04 for the deeming calculation.

2630.0206.01 Deeming of Income to Teen Parent (MFAM)

Income deeming may be required when a teen parent applies for assistance as the parent of his own needy child or a pregnant woman, if the teen parent resides in the same home with the nonparticipating parent(s). Income is deemed only from the grandparent(s). Do not consider the income of the teen parent, his siblings, or his children.

A deeming budget is required when:

1. The teen parent resides with one or both of his nonparticipating parent(s). A deeming budget is not necessary if both of the teen parent's parents receive SSI, or are temporarily absent and covered by ICP. If the teen parent resides with both parents, only one of whom is an SSI recipient, the other parent's income is deemed unless the non-SSI parent is considered to be an essential person for SSI purposes. A contact must be made with SSA.
2. The teen parent resides with one of his parents and the parent's legal spouse (stepparent), neither of whom receives TCA.
3. Two or more teen parents reside in the same home with their nonparticipating parent(s), parent and stepparent.
4. A teen parent applies for assistance for her own needs during her pregnancy and lives with her nonparticipating parent(s) or parent and stepparent.

2630.0206.02 Definitions - Teen Parent Policy (MFAM)

The following define terms used in a discussion of teen parents:

1. A teen parent is a child who is unmarried and under age 21 with a child of his own. A child is unmarried when the child has never been married or was married and the marriage was annulled.
2. A grandparent is the parent(s) of the teen parent.

2630.0206.03 Income Considered for the Teen Parent (MFAM)

A determination of the amount of income to be considered must be made when:

1. the teen parent applies for assistance for self and child;
2. an eligibility review is completed;
3. the teen parent moves from the home of one parent to the other parent's home; or
4. the grandparent(s) reports a change in circumstances (change in income, assistance group composition, number of dependents, shelter obligation).

2630.0206.04 Termination of Deeming to Teen Parent (MFAM)

Deeming of income to a teen parent is terminated when:

1. the teen parent reaches her 21st birthday (this income continues to be deemed through the month the teen parent turns 21, unless her birthday falls on the first day of the month);
2. the teen parent gets married;
3. the teen parent moves out of the home of her parent(s); or
4. the teen parent becomes eligible for Temporary Cash Assistance as a child in her parent(s)' or relative caregiver(s)' benefit.

2630.0206.05 More Than One Teen Parent (MFAM)

To determine grandparent income to be considered when more than one teen parent resides in the parent(s)' home, use the deeming procedures in passage 2630.0209.01 with the following exceptions:

1. The appropriate CNS to be subtracted is the CNS for the grandparent(s) and any other individuals in the home who are not part of either assistance group, but who are or could be dependents of the grandparent(s), except for the other teen parents and the children of the teen parents.
2. The net income obtained is to be divided by the number of teen parents residing in the home.

2630.0206.06 Teen Parent Resides with Stepparent (MFAM)

When a teen parent resides with her nonparticipating parent and the parent's legal husband or wife (stepparent), two deeming budgets are required.

First Deeming Budget (Stepparent to Teen Parent's Parent) - A test budget must be completed to determine the amount of stepparent income, if any, to be considered available to the teen's parent. The appropriate CNS to be allowed is the CNS for the stepparent, his children, and anyone else that the stepparent does or could claim as tax dependents that live in the home, excluding the parent and members of the AG or SFU. Mutual children of the parent and stepparent should be included in the CNS if the stepparent's income is higher than the parent's income. If the parent's income is higher, mutual children should be included in the CNS below. Do not include a disregard for the teen parent and the teen parent's child(ren). Use the shelter obligation of the whole assistance group as verified.

Second Deeming Budget (Parent to Teen Parent) - Compute a second test budget to determine the amount of grandparent income to be considered available to the teen parent and child. Determine the net income of the grandparent as per passage 2630.0209.01. Consider the net amount of stepparent income obtained above as unearned income to the grandparent. The appropriate CNS to be allowed is the CNS for the grandparent and any children not considered in the CNS for the first test budget. Do not include the minor child or the teen parent's child(ren). Use the verified shelter obligation of the whole assistance group.

The net amount of income obtained, if any, is considered as unearned income to the assistance group consisting of the teen parent and the teen parent's child(ren).

Note: If the parent is not in the home or is receiving SSI, the stepparent's income must still be deemed to the teen parent in order to determine eligibility.

~~Follow procedures for stepparent deeming found in passage 2630.0205 in this situation.~~

~~2630.0209.01 Computing the Deeming Budget (MFAM)~~

~~The deemed individual's income is considered prospectively. Net income of the deemed individual(s) is computed as follows:~~

~~Step 1 -~~ ~~Determine the deemed individual's total gross monthly income from all sources, including any lump sum income.~~

~~Step 2~~ ~~- If the deemed individual(s) has earned income, deduct the $90 as a standard disregard. Total the remaining earned income and gross unearned income.~~

~~Step 3~~ ~~- Subtract the CNS appropriate for the deemed individual(s) and any other individuals in the home who are not in the assistance group, but who are dependents of the deemed individual(s), from the gross unearned income and net earned income remaining from Step 2.~~

~~Step 4~~ ~~- Determine the number of non-assistance group members whom the deemed individual(s) claims or can claim as dependents for Internal Revenue purposes. Subtract the total documented monthly amount the deemed individual(s) actually pays to, or on behalf of, such non-assistance group dependents from the amount remaining after Step 3.~~

~~Step 5~~ ~~- Determine the documented amount of court ordered child support or alimony the deemed individual(s) pays to non-assistance group members other than those covered in Step 4. Include as child support or alimony, court ordered payments such as mortgage payments, medical or life insurance payments, school tuition fees and the like, that the individual may pay to a vendor or other party. Deduct the total documented amount from the balance following Steps 2 or 3, if no non-assistance group dependents were claimed.~~

~~The balance following these steps is considered unearned income in the budget. No further disregards can be allowed.~~

~~2630.0209.02 Formula for Deemed Income (MFAM)~~

~~The formula for computing deemed income is:~~

~~Step 1 -~~ ~~(Gross Income) - ($90 Standard Earned Income Disregard) = (Initial Balance).~~

~~Step 2 -~~ ~~(Initial Balance) - (CNS for Deemed Individual[s] and Dependents) = (Balance after Assistance Group Disregards).~~

Step 3 - (Balance After Assistance Group Disregards) - (Amounts Paid to Non-assistance Group Dependents + Child Support + Alimony Paid to Non-assistance Group Members) = (Net Deemed Income).

2630.0209.03 Verification of Deemed Income (MFAM)

The payee is required to provide income information about the deemed individual(s) income at each application, eligibility review, partial eligibility review, or interim contact, or when the Department learns of or anticipates a change in income. Failure of the deemed individual(s) to provide income information will result in termination or denial of the Medicaid benefits as eligibility of the assistance group cannot be established.

The deemed individual(s) must provide documentation or verification of their gross income. Copies of the payroll or other checks, wage stubs, and statements or letters from employers or other income sources are acceptable means of documentation. The eligibility specialist must record information concerning documentation or verification of income.

2630.0209.04 Documenting Deemed Disregards (MFAM)

Allowable disregards must be documented or verified. Failure of the deemed individual(s) to provide the required documentation or verification will result in disallowance of the disregard. The following disregards must be verified:

1. The deemed individual(s) must provide canceled checks, court payment records, or statements from the non-assistance group dependents to document the amounts actually paid monthly to such persons. Only the documented or verified amounts can be deducted.

2. The deemed individual(s) must provide a copy of the court order requiring payments of support or alimony, a copy of the court records, or correspondence from a lawyer or a CSE agency. The deemed individual must also provide canceled checks, court payment records, or other receipts to document or verify the actual amounts paid. If child support is received, it must be documented or verified.

2630.0210.01 Double Stepparent Situations (MFAM)

If a married couple who have children from prior relationships request assistance, as each child has a stepparent in the home, special procedures must be followed. A double stepparent case must be determined as meeting the following criteria:

1. There are two legally married stepparents in the home.
2. Neither parent is incapacitated, or is an SSI, OSS, RAP, or ICP recipient.

3. Each parent has children of his own (for example, from a previous marriage) for whom the parents are requesting assistance.
4. The legally married stepparents may or may not have mutual children. The mutual children are not TCA eligible on the factor of deprivation. These same procedures are followed when the parents also have ineligible mutual children and related children, not their own, living in the home.
5. The children for whom assistance is requested have been determined eligible for TCA on factors other than need.
6. One or both of the parents have income.

If eligible under the double stepparent policy, each stepparent can receive a benefit for his children; that is, two assistance groups are to be set up.

2630.0210.02 Double Stepparent Deeming Budget (MFAM)

If one or both parents have income, a budget must be completed to determine the amount of income, if any, to be deemed from the parent with more income to the parent with less income.

If neither of the stepparents and the stepparents' children have available income, the deeming budget is unnecessary. The final budgets would be based on the needs of each parent and the total number of each parents' eligible children.

2630.0210.03 Double Stepparent Budget Computation (MFAM)

The budget computation is determined as follows:

Step 1 - Determine eligibility based on the eligibility standard (refer to Appendix A-7) by testing each parent's and his children's gross income against the eligibility standard for the size group (parent and children) and considering the entire family's shelter obligation. If either group has surplus income in the Eligibility Standard Test budget, the parent and children are ineligible. Treat the remaining children as a single stepparent case.

Step 2 - If there are deficits in both parents' budgets in Step 1, determine the amount of income, if any, to be deemed to the budget of the parent having the lesser income. Start with the parent having the higher income.

Determine the parent's total gross monthly income from all sources, including any lump sum income. Allow income disregards. If the parent has earned income, deduct $90 as a standard earned income disregard. Total the remaining earned income and gross unearned income.

Step 3 - Subtract the CNS appropriate for the parent and any other individuals in the home who are dependents of the parent from the gross unearned income

and net earned income remaining from Step 1. Include the parents' mutual children in the CNS. Do not include the needs of the parent with lesser income nor the children for whom the parent is requesting or receiving assistance.

Step 4 - Determine the number of non-assistance group members whom the parent claims or can claim as dependents for Internal Revenue purposes. Subtract the total documented monthly amount the parent actually pays to, or on behalf of, such non-assistance group dependents from the amount remaining after Step 2. Determine the documented amount of court ordered child support or alimony the parent pays to non-assistance group members. Include child support or alimony court ordered payments such as mortgage payments, medical or life insurance payments, school tuition fees, and the like. Deduct the amount from the balance following Steps 2 and 3 if non-assistance group dependents were claimed.

The balance following these steps is considered unearned income in the other parent's budget. No further disregards can be allowed.

2630.0210.04 Double Stepparent Formula (MFAM)

For MFAM, the following policy is applicable only for the under $10 cases and for those who opt not to receive TCA.

The formula for determining double stepparent income is:

Step 1 - (Gross Income) - ($90 Standard Earned Income Disregard) = (Initial Balance).

Step 2 - (Initial Balance) - (CNS for Parent and Dependent) = (Balance after Assistance Group Disregards).

Step 3 - (Balance after Assistance Group Disregards) - (Amounts Paid to Non-assistance Group Members) = (Net Parent Income to be Deemed to Second Parent).

If the net income obtained in Step 3 is zero, then no income is deemed to the second parent. Compute the benefit for both assistance groups using regular budgeting procedures.

If Step 3 results in a surplus (that is, deemed amount), then the first parent is not eligible for a benefit for himself and his children. If there is an amount to be deemed, compute the benefit for the second parent and his children. The total gross income considered is the second parent's total monthly income from all sources, including lump sum income, and the net unearned deeming income from the first parent.

2630.0400 SPECIAL INCOME CIRCUMSTANCES (MFAM)

The following sections discuss circumstances that require special budgeting methods.

2630.0412 Seasonal/Contractual Earned Income (MFAM)

Income received by individuals on a contractual basis can, at the option of the individual, be:

1. prorated over the period of the contract; or

   ~~**Note:** The standard earned income disregard is allowed for each month of the contract. A disregard for a child or an incapacitated adult day care cost is allowed only in the months the individual actually worked and incurred such cost during the contract period.~~

2. counted as received.

2630.0413.01 Computation of Self-Employment Income (MFAM)

Self-employment income, other than the provision of childcare in the individual's home, can at the individual's option be derived by:

1. calculating an average of the most recent consecutive four weeks, or
2. prorating the assistance group's annual income over a 12 month period based on the most recent income tax return.

Monthly operating costs ~~would be~~ are calculated in the same manner as the income and deducted from the gross income to arrive at the adjusted monthly income budgeted.

Operating costs are those costs incurred in the course of the business operation that are necessary to run the business. Operating costs which, are recognized include transportation to see customers, materials and equipment. When a motorized vehicle is used, the cost of transportation to see customers is recognized at the allowable state rate for mileage. ~~Depreciation costs are not recognized~~. Operating costs do not include Social Security and income tax deductions, child care costs, or transportation to and from work. ~~Business equipment and supplies are considered assets.~~

2630.0414.02 Budgeting Spousal Support Payments (MFAM)

The amount received or anticipated to be received~~, minus any additional collection fees charged by the court or another agency to collect the payments, less a disregard of up to $50 per AG,~~ is budgeted. ~~If the total amount of support received is $50 or less, no child support income is budgeted. The up to $50 disregard does not apply to payment on arrears~~.

2630.0414.03 ~~Court Ordered Support Payments (MFAM)~~

~~The amount to be disregarded after the adjustment of collection fees is the amount of court ordered support obligation received up to $50 per AG. If the assistance group receives payment in excess of the amount of the court order, only the amount of the child support obligation up to $50 can be disregarded.~~

~~**Example:** The court order stipulates a monthly obligation of $40. The absent parent pays $75. Only the $40 court ordered amount is disregarded.~~

2630.0414.09 ~~Non-Court Ordered Support Payments (MFAM)~~

~~In cases where the assistance group received both court ordered support payments and a legal or nonlegal parent is making voluntary contributions, the amount to be budgeted is the amount of the contribution(s), plus the amount of the court ordered support obligation(s) actually received.~~

2630.0500 SHARE OF COST (MFAM)

The Share of Cost (SOC) refers to the amount of medical bills which an individual enrolled in the Medically Needy Program must incur in any given month before Medicaid coverage may be authorized.

~~The eligibility specialist must determine~~ Eeligibility must be determined for Medically Needy any time the assistance group meets all technical factors but ~~assets and/or~~ the income exceeds the appropriate income limit for Medicaid. ~~categorical asset/income limits. The eligibility specialist determines whether the assistance group's assets are within the Medically Needy asset limits and whether the assistance group members meet the technical factors. If the Medically Needy asset limit is met and the assistance group meets all technical factors, the eligibility specialist determines the amount of countable income and computes a budget using the MNIL. which is the same for both family and SSI-Related Medicaid coverage groups (refer to Appendix A-7).~~

To calculate the share of cost, compare the countable net income to the Medically Needy Income Level based on the size of the standard filing unit. The difference is the assistance group’s share of cost.

~~If income is equal to or less than the MNIL, there is no share of cost and the individual is eligible. Medicaid is authorized for individuals who are eligible without a share of cost.~~

~~If income is greater than the MNIL, share of cost is determined for appropriate members. Appropriate members are enrolled but cannot be eligible until the share of cost is met.~~

~~Note that the CNS is only used in Family-Related Medicaid budgeting for deeming and lump sum. There is no eligibility standard test for Family-Related Medicaid/Medically Needy cases.~~

~~2630.0501 Definitions (MFAM)~~

~~The following are definitions used in the Medically Needy share of cost policy.~~

~~Deeming Budget~~ ~~- The calculation performed to determine the amount of income which is considered available to an individual or child from their spouse or parent.~~

~~Deficit~~ ~~- The total countable income that is equal to or less than the MNIL.~~

~~Eligibility Budget~~ ~~- The calculation performed to determine financial eligibility for Medicaid and share of cost.~~

~~Medically Needy Income Level (MNIL)~~ ~~- The maximum income that the assistance group can have and be eligible to receive Medicaid benefits.~~

~~Share of Cost (SOC)~~ ~~- The amount of the assistance group's income that exceeds the MNIL, and represents the amount of allowable medical expenses that an enrolled individual or assistance group must incur before they are entitled to Medicaid.~~

~~Surplus~~ ~~- The amount of total countable income that exceeds the MNIL.~~

~~Unmet Allocation~~ ~~- The income exclusion in SSI budgeting to allow for the parent's responsibility for supporting children who are not blind or disabled.~~

~~Medicaid Compensable Bills~~ ~~- Medical expenses that, are eligible to be paid by Medicaid.~~

~~Medicaid Non-Compensable Bills~~ ~~- Medical expenses that cannot be paid by Medicaid. (Examples include: paid bills, bills for a non-assistance group member, or bills from a provider who does not accept Medicaid.~~

2630.0502 Enrollment (MFAM)

If ~~the~~ an individual meets the Medically Needy Program's technical eligibility ~~and assets~~ criteria, he is enrolled ~~for Medically Needy~~ into the program. There is no income limit for enrollment. The individual is only eligible (entitled to Medicaid)

when ~~his income is less than or equal to the MNIL (see Chapter 2200) or~~ he has allowable medical bills that exceed the SOC ~~which offset his income within the MNIL~~. ~~The Share of Cost (SOC) refers to the amount of medical bills which an individual must incur each month to be eligible.~~

~~The individual is eligible from that date until the end of the month.~~ The income for an enrolled ~~cases~~ assistance group need not be verified. Instead, an estimated SOC is ~~estimated for the individual/AG~~ calculated for the assistance group. ~~Following appropriate~~ If after bill tracking, ~~if~~ it appears the ~~individual/AG~~ assistance group has met his "estimated" SOC, ~~then the~~ the unverified income must be verified before the ~~individual/AG is eligible to receive~~ Medicaid can be authorized. An individual is eligible from the day their SOC is met through the end of the month.

2630.0503 Whose Medical Expenses Are Used To Meet SOC (MFAM)

When ~~In~~ determining Medicaid eligibility for Medicaid, the allowable medical expenses of certain individuals can be used to reduce an assistance group's ~~AG/individual's~~ Sshare Oof Ccost.

The allowable medical expenses of any person whose income is used in determining the assistance group's ~~AG's~~ financial eligibility can be used to meet share of cost. ~~This includes the ineligible spouse. , even if the ineligible spouse has no income or insufficient income to deem.~~

The person does not have to be a member of the filing unit ~~assistance group~~ or be potentially eligible to receive Medicaid. ~~These persons are persons whose income deemed (i.e., deemed parents (DP) or deemed spouses (DS) or other members of the SFU who are not in the assistance group (i.e., counted adult (CA), counted child (CC), or a financial adult (FA).~~

Medical bills of a newborn may be used to meet the mother's share of cost on the day of birth provided the newborn will be added to the mother's filing unit ~~SFU~~ for that month.

Note: Mother's bills and/or ~~person's~~ bills for individuals outside of the filing unit ~~AG~~ should be used before ~~prior to~~ using the newborn's bills. ~~(i.e., deemed spouse (DS) or other members of the SFU who are not in the assistance group (i.e., counted adult (CA), counted child (CC), or a financial adult (FA).~~

Individuals whose income is included in more than one filing unit ~~SFU~~ group may have their medical expenses counted toward each group's share of cost.

~~**Example 1:** The SFU consists of Mr. and Mrs. Carter and their children, ages 12 and 14. They do not meet the UP or incapacity requirements. The two children~~

~~are enrolled with a share of cost under the coverage group "Children under Age 21."~~

~~Allowable medical expenses for all/any of the individuals can be used to meet the children's share of cost since they are all part of the SFU.~~

~~**Example 2:** Ms. Howard, a teen parent with one child, lives with both her parents, Mr. and Mrs. Howard. Income is deemed from Mr. and Mrs. Howard to their daughter.~~

~~Allowable medical expenses of Mr. and Mrs. Howard, Ms. Howard and her child can be considered. Mr. and Mrs. Howard are deemed parents (DP) and are part of the SFU even though they are not eligible for benefits.~~

2630.0504.01 Third Party Liability (MFAM)

Third party payments (TPP) are any payments for recognized medical expenses, which have been or will be made by Medicare, other health insurance, or any other third party resource (public or private), including Medicaid.

Any portion of the cost of a recognized medical service that has been or will be paid by a third party cannot be used to meet ~~counted toward meeting~~ the Share Of Cost ~~(SOC)~~ unless the third party is a public program of a state or political subdivision of a state.

Such a public program liability or payment must be for a medical service that has or normally has a charge. This includes contracted services by a public program, even if the contract does not provide a payment for service on an individual basis, such as some contracts by ~~CMS (~~Children's Medical Services (CMS). The service must not be funded by 100% federal funds nor reimbursed by Medicaid.

If an individual has agreed in writing to repay the payor, such as a county social services office, for a service, then that service will still be countable toward the S~~s~~hare O~~o~~f C~~c~~ost as an obligation of the individual.

~~Refer to passages 2630.0504.02 and 2630.0504.03 for examples of countable and non-countable third party payments by a public program of a state or political subdivision of a state.~~

~~**2630.0504.02 Example: Countable TPP (MFAM)**~~

~~Examples of TPP that are countable toward a share of cost follow:~~

~~**Public program of a state** - A child has a $457 SOC, and the CMS Program has informed the family and Shands Hospital that CMS will pay the first $457 of the~~

~~hospital bill. Since the CMS Program is administered by DCF, hence the state, this TPP amount can be applied toward the SOC.~~

~~**Public program of a county or municipality** - An SSI applicant was in need of medical care. The county/city social services office authorized the medical care, saying that if the individual was not approved for SSI (and therefore Medicaid, too), then the county/city would pay the bill. Subsequent to the care being provided, SSI was denied on the basis of assets. The individual applied for ongoing and retroactive Medicaid and was enrolled in MN with a SOC. This TPP amount can be counted toward the share of cost.~~

~~**Public program of a state and county** - A county public health unit provides a medical test. Some people are required to pay for this service. The cost is based on the family's total income which is less than 100 percent of the poverty level, and therefore is not charged for the test. The normal full cost of this medical test counts toward the SOC. As a variation to this, the individual could have paid $3 based on a sliding fee scale, while the normal full cost is $15. The $3 paid by the individual and the value of $12 ($15 minus $3) provided by the program can be used to meet the SOC.~~

~~**2630.0504.03 Example: Non-countable TPP (MFAM)**~~

~~This example of TPP is not countable toward a share of cost. A county public health unit routinely provides a flu vaccination upon request at no charge. The cost for providing this service is not countable toward a share of cost.~~

2630.0504.04 Required Action for Third Party Payments (MFAM)

When there is evidence of a potential third party payment, the eligibility specialist must determine the amount of any third party payment that has been or will be made or the monetary value of the medical service when there is no actual monetary transaction. The action to take depends on the source of the third party payment, and type or cost of the recognized medical service.

When the recognized medical service is provided or paid by a public program of a state or political subdivision, ~~then the eligibility specialist must~~ obtain a bill or other written document verifying the cost or value of the service and count that cost or value toward the S~~s~~hare O~~of~~ f C~~c~~ost, if appropriate.

When the medical service is hospital inpatient care, nursing home care, or any bill of $100 or more other than ~~except~~ pharmacy, ~~the eligibility specialist must~~ contact the person who has or who will file for insurance to find out the amount received or expected to be received from all third party sources. This amount is deducted from the total amount of the recognized medical service, and the remaining amount, if any, is counted toward the assistance group's S~~s~~hare O~~of~~ f C~~c~~ost. When the recognized medical service is any other bill including

pharmacy, ~~the eligibility specialist must~~ ask the individual the amount received or expected to be received from all third party sources. Again, this amount is deducted from the total amount of the service and the remainder, if any, is counted toward the assistance group's S~~s~~hare O~~o~~f C~~c~~ost.

2630.0504.05 Third Party Payment Medicare/Medicaid (MFAM)

When a provider accepts payment by Medicare for services provided, ~~the eligibility specialist must~~ determine the amount the provider charged, the Medicare approved amount, and the amount of Medicare payment.

When a provider accepts Medicare assignment, the difference between the Medicare approved amount and the amount Medicare pays can be counted toward share of cost provided all criteria for an unpaid bill are met.

~~**Example 1:** Mr. Brown went to his doctor on October 5. The charge for the office visit was $25. He was unable to pay the bill, and his doctor accepted assignment. The Medicare EOB (Explanation of Benefits) Form showed an approved amount of $17.60 and payment amount of $14.08. The difference of $3.52 can be counted as an unpaid bill in a future month if all criteria are met.~~

When a provider does not accept Medicare assignment, the difference between the Medicare payment amount and the amount still owed to the provider can be counted toward S~~s~~hare O~~o~~f C~~c~~ost.

~~**Example 2:** Mrs. Brown went to her doctor on October 5. The charge for the office visit was $25. The doctor did not accept Medicare assignment. Mrs. Brown submitted her claim to Medicare and received $14.08 for the above service. Mrs. Brown paid $14.08 on her bill, however, still owed $10.92. The $10.92 still owed can be counted toward her share of cost if all criteria are met.~~

2630.0505 Date of Service (MFAM)

In order to determine the date of eligibility for the assistance group members with a S~~s~~hare O~~o~~f C~~c~~ost, ~~the eligibility specialist must be able to~~ track the medical expenses that are incurred and ~~. To do so, the eligibility specialist must~~ determine the date of service to be one of the following:

1. the date of service is the date a recognized medical service is actually rendered;
2. the date of service is the date a charge related to usage of a health insurance policy is actually incurred, such as a co-payment or deductible; or
3. if the charge is for long term care, then the date of service is the first day of the month or date of admission, and if the charge is a premium for Medicare or health insurance, then the date of service is the first day of the month.

4. if the charge is for personal care provided by an assisted living facility, then the date of service is the first day of the month or the date of admission. The provider must separate out the portion of the payment that is for room and board. Only the portion of the payment for personal care is eligible for tracking.
5. the date of service is the first day of the month for durable medical equipment rented on a monthly basis.

2630.0506.02 Loan Payments for Medical Expenses (MFAM)

Payments on the principal of loans used to pay off old medical bills (i.e., bills incurred prior to the month for which bills are being tracked) can be considered allowable medical expenses if the following conditions are met:

1. the proceeds from the loan were actually used to pay the provider's bill; and
2. neither the provider's charges nor the loan payments were previously used to meet the SOC.

The interest portion of the payment is not an allowable medical expense.

Note: Recurring credit card payments are not intended to be included in the loan policy. Credit card payments made to medical providers can be considered paid bills as they occur.

~~The eligibility specialist must~~ O~~o~~btain verification of the following prior to considering the principal payment as an allowable medical expense:

1. the original date of service,
2. the purpose of the loan,
3. that funds from the loan were actually used to pay the provider's bill, and
4. the amount of the principal paid in the month for which bills are being tracked.

2630.0506.03 Recognized Health Insurance Costs (MFAM)

Health insurance is primarily established for the payment of medical costs. This does not include insurance, which pays a flat amount for each hospital day (income replacement policies). The following expenses related to health insurance are considered allowable medical expenses:

1. medical premiums;
2. other health insurance premiums, including HMO/prepaid plan premiums and dental insurance premiums;
3. deductibles; and
4. coinsurance payments.

~~Please refer to passage 2630.0507.01 regarding insurance premium payments for multiple months' coverage.~~

2630.0506.04 Recognized Medical Services (MFAM)

Recognized medical services are:

1. cost of public transportation to obtain recognized medical services;
2. medical services provided or prescribed by a member of the medical community; and
3. personal care services in a person's home, prescribed by a member of the medical community.

Note: This includes the portion of the payment for personal care made by an ALF resident to the ALF provider. The provider must separate out the portion of the payment which is for room and board. The balance is for personal care, and can be considered an allowable medical expense for bill tracking purposes.

Examples of recognized services include:

1. ambulance, bus, or taxi (to receive medical services);
2. prosthetic devices, orthopedic shoes, wheelchairs, walkers, crutches, and equipment to administer;
3. oxygen;
4. prescription drugs;
5. insulin;
6. needles;
7. syringes;
8. drugs for family planning;
9. oxygen;
10. surgical supplies;
11. medicine chest supplies or other over-the-counter purchases that are prescribed by a member of the medical community as medically necessary; and
12. services related to activities of daily living or essential to the ill person's health and comfort, such as:
    a. eating,
    b. bathing,
    c. grooming,
    d. taking medication,
    e. personal laundry,
    f. meal preparation,
    g. shopping, and
    h. light housekeeping.

Examples of expenses or items which are not recognized include:

1. medicine chest supplies, such as:
   a. nonprescription cold remedies,
   b. nonprescription ointments,
   c. thermometers,
   d. handrails,
   e. alcohol, and
   f. cotton swabs.~~;~~
2. heavy housekeeping;
3. household repairs; and
4. yard work.

2630.0507.01 When to Count Allowable Medical Expenses (MFAM)

Whether a bill is used in the share of cost determination depends on whether it is paid, unpaid, an allowable third party payment, or subject to third party payment.

An allowable medical expense cannot be counted toward the share of cost before the date of service. A hospital bill which is issued in advance of scheduled service cannot be counted toward the share of cost prior to actual receipt of the service. An exception to this policy is global prenatal bills ~~(refer to passage 2630.0506.05)~~. A bill that is Medicaid compensable cannot be prorated because once the individual becomes Medicaid eligible by meeting the share of cost, the bill will be paid by Medicaid.

Count paid bills, payments on existing bills, and allowable third party payments during the month the payment was made. Count bills incurred and paid during the three months before the tracking month. Bills incurred and paid before the three retroactive months to an application cannot be used.

If the paid bill was used in a prior month as an unpaid bill and SOC was met in that month, it cannot be used again to meet the share of cost. This includes a medical insurance premium payment made in one month for several months' coverage. The paid premium may only be counted in the month in which the payment was made.

Count unpaid bills not subject to third party payment in the month incurred or a later month, provided the expense remains unpaid and was not used to meet share of cost in a prior month. An unpaid medical expense cannot be used again once it is counted in a month when share of cost is met.

Count bills that are subject to third party payment based on information from the provider or individual. Do not adjust any share of cost calculations if the anticipated third party payment amount was incorrect.

When a revised bill is received after share of cost has been met, and retracking will make a provider who has been paid ineligible to be paid, do not retrack all of the expenses.

2630.0507.02 Tracking Medical Expenses (MFAM)

Allowable medical expenses must be tracked on a monthly basis for each individual/family with a different assistance group and share of cost. Allowable medical expenses whether paid or unpaid must be tracked in chronological order by date incurred (date of service to the individual).

Inpatient hospital medical expenses are to be tracked on a day-by-day basis. An itemized bill should be requested from the hospital. If the hospital cannot or will not provide an itemized bill, it is appropriate to divide the bill by the number of days of the hospital stay. ~~The eligibility specialist would then~~ Ttrack on a daily basis until the individual has met the individual's share of cost. At that point, only the non-Medicaid compensable services, if any, could be carried forward to meet a future month's share of cost. Allowable medical expenses being tracked for a specific day should be tracked using paid bills first. On the day on which an individual meets their share of cost, expenses are considered in the following order:

1. Medicare or other recognized health insurance cost;
2. bills of individuals who cannot be entitled to Medicaid, are considered next; and
3. paid bills are a final consideration.

Other bills should be tracked to the advantage of the individual.

2630.0508 Proof of Medical Expenses - MN (MFAM)

The following are verification requirements for allowable medical expenses to be counted toward share of cost.

For **Medicare** premiums the individual's statement may be accepted (including coinsurance charges).

For **other health insurance premiums** proof is needed of the amount and frequency of the premium. Acceptable evidence is the insurance policy, canceled check, receipt, pay stub or verbal verification from the agent.

For **paid** medical services bills (includes coinsurance payments) proof is needed of the date of the payment, amount of payment and an estimate of third party liability/TPP, if applicable. Acceptable evidence is the paid bill, receipt, canceled check, written statement from doctor or verbal verification from the provider. (For TPP, verbal verification is not acceptable.)

Exception: The individual's statement for bus charges may be accepted. The individual's statement of a TPL/TPP estimate may be accepted if no other verification is available.

For **unpaid medical expenses less than one year old** from a hospital, nursing home or provider other than pharmacy ($100 or more), proof is needed of the date of service, total bill and the TPL estimate. Acceptable evidence is a provider's statement and bill or statement of account.

For **other unpaid medical services less than one year old** proof is needed of the amount due and the date of service. Acceptable evidence is a bill, statement of account, insurance statement showing uncovered services or verbal verification from the provider.

For **unpaid medical services one year old or older** proof is needed that the individual continues to have the responsibility for payment, the amount due and date of service. Acceptable evidence is a statement of account that is not more than 30 days old and shows the date of service and amount due. Verbal verification of the same items from the provider is also acceptable.

~~Refer to passage 2630.0509 for more information regarding proof that an unpaid bill is still owed.~~

2630.0509 Proof That an Unpaid Bill is Still Owed (MFAM)

For an unpaid bill to be counted as an allowable medical expense and used to reduce the assistance group's share of cost, the assistance group must be held responsible for payment by the provider. The older an unpaid bill, the more likely that the provider will have "written off" the amount as a bad debt, and therefore no longer expects to be paid. When an individual has an unpaid bill, ~~the eligibility specialist must~~ determine if the individual still owes the unpaid bill, as follows:

1. When the unpaid bill is under one year old, ~~the eligibility specialist will~~ accept the individual's statement that the bill is/is not still owed.
2. When the unpaid bill is one year old or older, ~~the eligibility specialist will~~ require the individual to provide proof that the unpaid bill is still owed.

Only the unpaid portion not previously used to meet share of cost can be counted.

3220.0215.09 Benefits Outstanding More Than One Year (TCA)

Cash benefits that have not been accessed or had a debit transaction performed in the preceding 365 (one year) days will be expunged (removed) from the Electronic Benefits Transfer (EBT) system. Recipients are entitled to receive a cash benefit up to one year from the last day of the month in which the benefit

was issued. An expunged ~~Therefore, a~~ cash benefit may be restored by the auxiliary process if the payee requests the benefit by the last day of the month in which the benefit was expunged. Do not restore expunged benefits that are more than one year old ~~expunged before the eligibility period ends. If a cash benefit has been expunged, it may be restored to the recipient by auxiliary payment process~~.

3230.0500 Certified Application Counselors (MFAM)

Staff and volunteers of state-designated organizations may act as application assisters, authorized to provide assistance to applicants and recipients with the application and redetermination process. Certified Application Counselors (CAC) are trained in the Medicaid eligibility policies and adhere to all rules and regulations relating to safeguarding and confidentiality of customer information.

The assistance provided by CACs include: providing information on Medicaid programs, helping individuals complete an application/redetermination, assisting the individuals to provide required documentation, submitting documents to the Department, making inquiries as to the status of the applications and redeterminations, assisting individuals with responding to Department requests.

3260.0215.09 Benefits Outstanding More Than One Year (RAP)

Cash benefits that have not been accessed or had a debit transaction performed in the preceding 365 (one year) days will be expunged (removed) from the Electronic Benefits Transfer (EBT) system. Recipients are entitled to receive a cash benefit up to one year from the last day of the month in which the benefit was issued. An expunged ~~Therefore, a~~ cash benefit may be restored by the auxiliary process if the payee requests the benefit by the last day of the month in which the benefit was expunged. Do not restore expunged benefits that are more than one year old ~~expunged before the eligibility period ends. If a cash benefit has been expunged, it may be restored to the recipient by auxiliary payment process~~.

3430.0100 WRITTEN NOTICE REQUIREMENT (MFAM)

The individual must be informed in writing or electronically of all DCF decisions affecting eligibility, appointment times, or any request for information.

All requests for information from the individual must be given in writing or electronically and must specify the date on which the information must be returned.

Except in situations indicated in passages 3430.0102 through 3430.0104, written notice must be given, mailed, or electronically posted at least 10 days prior to the

effective month of the action if action is being taken to terminate or reduce benefits (adverse action).

In addition, the individual must be notified in writing or electronically when data exchange from a federal source indicates a discrepancy between the information provided and information contained in FLORIDA or the case record. The individual must be provided an opportunity to dispute the findings.

3430.0102 Exceptions to Written Notice (MFAM)

When DCF is unable to locate an individual, the written or electronic notice requirement is waived. Inability to locate an individual may be evidenced by the return of a letter of recent date indicating that the letter could not be delivered because the individual has moved, there is no forwarding address, and no additional information is available to locate the individual. The reason for not giving advance notice must be recorded and the returned correspondence, including the envelope, must be retained in the case record.

In Medically Needy cases, if an assistance group is assigned an estimated rather than actual SOC, notice is given at the time the Share Of Cost is assigned that it is subject to change without notice. If the assistance group later provides verification of actual income, and a higher Share Of Cost is determined, the assistance group is informed of the higher SOC. Ten days advance notice is not required.

3430.0200 TYPES OF NOTICES (MFAM)

The passages in this section present policy on types of notices. Notices are usually system generated.

3430.0207 Advance Notice of Adverse Action (MFAM)

Adverse actions include the reduction of a benefit, an increase in the Medically Needy Share of Cost and the termination of an individual's or assistance group's eligibility for benefits.

The Department is required to provide advance or adequate notice based upon the specific actions taken on an application or ongoing case. Advance and adequate notice are defined as follows:

1. Advance notice is a notice that is provided giving at least 10 days plus one additional day for mailing prior to the effective date of any adverse action.
2. Adequate notice is a notice that is provided prior to the date an individual or assistance group would receive benefits. In certain situations DCF is not required to provide advance notice before taking adverse action but is required to give adequate notice.

3430.0500 RULE CITATIONS (MFAM)

Official rules governing the administration of the Medicaid Programs are found in the Florida Administrative Code, Chapter 65A-1.

When notifying public assistance applicants and recipients of action which denies, cancels, or reduces benefits, it is necessary to cite the law/rule number or numbers from the Florida Administrative Code (F.A.C.), giving the reason or reasons for the adverse action. Rule citations are selected from a table and generated by FLORIDA.

All rules applicable to the action being taken must be cited, along with a brief explanation of what the law/rule means in relation to ineligibility or reduction of assistance.

Rule citations that could have a bearing on eligibility or ineligibility are printed on the Notice of Case Action, along with a brief statement summarizing each rule.

DEFINITIONS: A

Able-Bodied Adult without Dependent Children (ABAWD): An individual who receives food stamps, does not have a dependent child in the assistance group (AG) and is subject to a three-month limit unless meeting a 20-hour per week work requirement.

Adult Family Care Homes (AFCHs): State approved residences that provide (for a period exceeding 24 hours) housing, food and appropriate care for one to five adults as a surrogate family. Adult family care home residents must be assessed by the Adult Services counselor as needing normal/minimal or moderate level of care and require minimal supervision or protective oversight to prevent institutionalization.

Advance Payments of the Premium Tax Credit (APTC): Tax credits provided to an eligible individual enrolled in a qualified health plan through an exchange.

Adverse Action: Action taken to reduce or terminate ~~an Ag's~~ benefits.

Affordable Care Act (ACA): The Patient Protection and Affordable Care Act of 2010 (Pub. L. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152), as amended by the Three Percent Withholding Repeal and Job Creation Act (Pub. L. 112-56).

Application: A telephonic, paper or web-based document which, when signed, dated and submitted, services as official notice that an individual wishes to receive assistance.

Assets: Certain holdings, cash or property with a value that must be evaluated during the eligibility determination (also referred to as resources).

Authorized Representative: (for food stamps) An adult non-household member authorized to act on behalf of the household to make application for benefits.

Automated Community Connection to Economic Self-Sufficiency (ACCESS): Program Office in the Department of Children and Families (DCF) that determines eligibility for food stamps, cash assistance and Medicaid.

DEFINITIONS: B

Beneficiary and Earnings Exchange Record (BEERS): A data exchange source (federal match) that provides income information reported to the Social Security Administration (SSA).

DEFINITIONS: C

Caretaker Relative: A relative of a dependent child by blood, adoption, or marriage with whom the child is living, who assumes primary responsibility for the child's care (as may, but is not required to, be indicated by claiming the child as tax dependent for Federal income tax purposes. The relative may include the child's father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew, or niece, as well as the spouse of such parent or relative, even after the marriage is terminated by death or divorce

Child: (for food stamps) An individual under the age of 22. (for TCA) An unmarried individual under the age of 18, or 19 and a full-time student in high school or its equivalent in a vocational or technical school. (For Medicaid) An unmarried individual under the age of 21.

Children's Health Insurance Program (CHIP): Premium health insurance coverage for children under age 19.

Communal Dining: Preparation and serving of meals for elderly individuals, or for Supplemental Security Income (SSI) participating individuals and their spouses in a public or private nonprofit establishment, approved by Food and Nutrition Service (FNS).

Comprehensive Assessment and Review for Long-Term Care Services(CARES): The Department of Elder Affairs unit responsible for establishing levels of institutional care criteria, assessing each individual's physical and mental condition, and assigning a level of care which indicates an appropriate placement to meet the individual's needs.

Cuban/Haitian Entrant: Non-citizen granted Cuban/Haitian entrant status by United States Citizenship and Immigration Services (USCIS) or Cuba or Haiti nationals who meet any status identified under 501 (e) of the Refuge Education Assistance Act of 1980.

DEFINITIONS: D

Demographic Information: Basic identifying information for an individual, such as name, Social Security number, date of birth, sex and nationality.

Denial: Non-approval of requested benefits (also referred to as rejected).

Department of Children and Families: (DCF or Department): The state agency that determines eligibility for food stamps, TCA, and Medicaid and other services to eligible needy families.

Department of Economic Opportunity (DEO): The designated state agency to provide employment/employment training services to the public and work activities for work-eligible food stamp and TANF cash assistance recipients through Regional Workforce Boards and the One Stop System.

Dependent: Refer to tax dependent

Deprived Child: (for TCA) A child in a family where one or both parents are absent, incapacitated, deceased or meet the unemployed/underemployed parent criteria.

Disabled: (for SSI) Having an inability to engage in any substantial activity due to a medically determinable physical or mental impairment which has lasted or is expected to last for a period of at least 12 consecutive months or which is expected to result in death.

Disqualified Individual: Any individual who is unable to receive benefits on their own behalf due to the Department finding that they committed an intentional program violation, who is a fleeing felon, is convicted of drug trafficking or failed to meet work requirements.

Disregards: The deduction from gross income as part of the eligibility determination process.

DEFINITIONS: E

Elderly: (for food stamps) An individual who is 60 years of age or older or who will be age 60 by the last day of the month.

Electronic Benefits Transfer Card (Benefit Security® Card)**:** A magnetic stripe debit card used to issue food stamps, TCA and refugee assistance for the Department.

Eligible Individual: An individual who has met all eligibility requirements.

Emergency Medical Assistance to Ineligible Noncitizens: A special Medicaid coverage group (for emergency medical conditions only) for noncitizens who do not meet the requirement for citizenship/noncitizenship status.

Extended Coverage: A four-month extension of Medicaid benefits for individuals who lose eligibility for Medicaid as a result of an increase in or spousal support.

DEFINITIONS: F

Federally Facilitated Marketplace: The Marketplace assists individuals and small employers in comparing and purchasing qualified health plans. Individuals applying for health insurance through the Marketplace will have their eligibility for Medicaid and/or the Children's Health Insurance Program (CHIP) assessed. Individuals who appear to be eligible for these programs will have their Information routed to DCF or Florida Kidcare.

Federal Data Services Hub: A database that stores individuals' data from various federal and state sources and will be used for matching to facilitate eligibility determination for health coverage programs.

Food and Nutrition Service (FNS): An agency of the United States Department of Agriculture who administers federal nutrition assistance programs.

Food Stamp ~~(FS)~~ Program: The federal Supplemental Nutrition Assistance Program (SNAP) ~~program~~ administered by the Food and Nutrition Service of the United States Department of Agriculture as it is known and applies to Florida.

Foster Care (FC): Twenty-four hour substitute care for children removed by the courts and placed away from their parents or guardians and for whom the State agency has placement and care responsibility. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and preadoptive homes.

DEFINITIONS: H

Home Care for the Elderly (HCE) or Home Care for Disabled Adults (HCDA): Department benefit assistance programs encouraging care for the elderly or

disabled at home as an alternative to institutional or nursing home care. The Department of Elder Affairs administers HCE and the Adult Services units of the Department of Children and Families administers HCDA.

HCE/HCDA Adult: An individual age 60 or older or disabled, who meets the eligibility requirements for State Funded Programs and who, without the home care basic and specialized services, would require placement in an institution or nursing home within a reasonable time period, not to exceed two years.

Housebound Benefits: A special Veterans Administration allowance for disabled individuals who are housebound.

Household: (for food stamps) A household is made up of one of the following (1) an individual living along, (2) an individual living with others but purchases food and prepares meals apart from others, (3) a group of individuals who live together and purchases food and prepares meals together for consumption; (for TCA) A family consisting of a minor child, parent, or caretaker relative who live in the same house or living unit and whose resources, income and needs (except for ineligible noncitizens or sanctioned individuals) are included when determining eligible for the benefit; (for Family Medicaid) The group of individuals who are included in the tax filing group for the tax year in which eligibility is being determined, or for individuals who do not file taxes, the household is the person being tested for eligibility and if living with the person being tested, their spouse, their biological, adopted, and step children less than 19 or 19 and 20 if in school full time. If the person being tested is a child, the household includes their parents(biological, adopted and step) and any siblings (biological, adopted, and step) if the sibling is less than 19 or 19 and 20 if in school full time.

DEFINITIONS: I

Income: Monies received by individuals.

Income Maximum: A table of standards based on family size that shows the highest monthly gross and/or food stamp benefit adjusted net income a household may have and be eligible for the Food Stamp Program. The income maximums do not apply to categorically eligible household only. The net income maximum applies to elderly or disabled households that do not meet the gross income limit.

Institution: An establishment that provides professional services beyond meals and day-to-day living needs for the Institutional Care Program. For the Food Stamp Program, the residential facility provides 50 percent or more of meals as part of their normal service.

Institutional Care Program ~~**ICP**~~ **Income Standard:** The maximum monthly income level used in determining eligibility for ICP ~~the Institutional Care Program~~.

Insurance Affordability Program: The three insurance affordability programs (IAPs) are:
Advance Payment Tax Credit (APTC) program, Medicaid, Children's Health Insurance Program (CHIP/KidCare) An application from one program is considered an application for all programs. All programs must use the same methodology to calculate an individual's income and family size.

DEFINITIONS: M

Minor: An individual under age 18 for Food Assistance Program benefits, TCA and Medicaid, whose disability of non-age has not been removed and who is unmarried.

Modified Adjusted Gross Income (MAGI): Modified Adjusted Gross Income is based on Internal Revenue Service tax rules and is the adjusted gross income, plus any tax exempt interest and foreign investments excluded from adjusted gross income.

DEFINITIONS: N

No Touch – "No Touch" workflow for Medicaid eligibility applications mean if all necessary verification is available at the time an applicant submits an on-line application for medical assistance, the application will be automatically be processed as Medicaid eligible and will require no handling by staff.

Non-Filer: An Individual who neither files a tax return nor is claimed as a tax dependent.

DEFINITIONS: O

One-Time Medical Expense: An expense incurred only once or very infrequently (no more than annually).

Outside of the Household (OOTH): An OOTH is a tax dependent who is living outside of the household. Individuals who are tax dependent and living outside of the household (OOTH) will not have an option to select benefits as part of the application. The system will allow customers to define tax relationships between individuals on the application, including those individuals who are living outside of the household.

DEFINITIONS: P

Parent: The natural, legal or adoptive father or mother of a child. (For family related Medicaid, include the step-parent.)

Personal Needs Allowance (PNA): The portion of the individual's income protected to meet the individual's personal needs while in an institution.

Presumptive Eligibility for Pregnant Women (PEPW): A determination of eligibility for limited Medicaid coverage for a pregnant woman completed by a Qualified Designated Provider ~~(QDP)~~ based upon the applicant's statement of income. It does not cover inpatient hospital costs.

Primary Information Person (PIP): The individual ~~within a case~~ responsible for reporting any information on the SFU that may affect eligibility for benefits.

Protected Medicaid: ~~A~~ Medicaid coverage groups that ensure or protect ongoing Medicaid coverage for certain groups of individuals who lost eligibility for SSI payments and for whom Congress enacted special Medicaid continuation provisions.

DEFINITIONS: Q

Qualified Medicare Beneficiaries (QMB): A Medicaid Program that pays the Medicare Part A and B premium and Medicare coinsurance and deductibles for certain individuals.

Quality Control: An administrative system for measuring the accuracy of state eligibility and benefit determinations.

DEFINITIONS: R

Recipient: An individual who has been determined eligible and is receiving benefits.

Refugee: A noncitizen who fled his country due to persecution or a well-founded fear of persecution. If identified by USCIS as being a refugee, he may meet eligibility criteria for FS, TCA, Medicaid, or RAP, depending on specific program criteria.

Regional Workforce Board (RWB) Contracted Provider: (for food stamps and TCA) Personnel working for RWB providers to develop and monitor work activities for participants, usually through One Stop Centers.

Related Child: (for TCA) A child related by blood, marriage or adoption.

Relative Caregiver Program: (for TCA) A program where a child has been adjudicated dependent and placed by the Department with an adult who has assumed the primary responsibility of caring for a minor child who is related by blood, marriage or adoption to the parent or step-parent of the child.

Retirement Survivors Disability Insurance (RSDI): A program that provides monthly Social Security benefits to qualified individuals who are retired or disabled administered by the Social Security Administration.

DEFINITIONS: S

"S" Corporations: A subset of close or closely held corporations; the income is generally reported to the Internal Revenue Service together with the SFU's other income.

Sanction: A penalty imposed due to noncooperation in obtaining child support benefits, or a penalty for noncooperation with FSET, TCA, or RAP work requirements.

Supplemental Security Income (SSI): A direct assistance program of monthly cash payments based on aged, blindness or disability and need administered by the Social Security Administration. In Florida, individuals eligible for SSI are automatically eligible for Medicaid benefits.

Surplus Income: The amount of total countable income that exceeds program standards.

DEFINITIONS: T

Tax Dependent: An individual for whom another individual claims a deduction for a personal exemption on their tax return.

Tax Filing Group: The individuals who intend to file a federal tax return and includes any other persons who are claimed as dependents on the tax filers' return.

Teen Parent: (for TCA) An individual who is unmarried and under 18, or 19 if a full-time student or the equivalent, and has a child of their own or is pregnant.

Transitional Coverage: An extension of Medicaid benefits for up to 12 months to individuals whose MFAM terminated due to earned income; i.e., increase/onset of earnings.

DEFINITIONS: U

United States Citizenship and Immigration Services (USCIS): The government agency that oversees lawful immigration to the United States.

Unmet Allocation: Iincome exclusion in SSI budgeting to allow for the parent's responsibility for supporting children who are not blind or disabled.

DEFINITIONS: V-W

Work Registration: A process by which all nonexempt AG adults applying for food stamps or cash are registered for work.