July – September 2018 Summary of Changes

Chapter	Passage	Summary
0200	**0260.0100, 0260.0101, 0260.0102, 0260.0103**	Updated passages to current information
0600	**0610.0200**	Removed language that does not pertain to Food Assistance
0800	**0810.0200** **0860.0500**	Removed language that does not pertain to Food Assistance Strikethrough removing information not current
1400	**1430.0710** **1440.1302** **1440.1400**	Revised passage on joint custody Remove the wording Project AIDS Care Added language: Individuals applying for Medicaid on the basis of age (65 or older) or disability must apply for Medicare if the state will pay the Medicare premium, deductible or co-insurance
1640	**1640.0314.03** **1640.0593**	Updated the procedures to coincide with steps listed in the policy transmittal Added a note to clarify these resource exclusions must be segregated and not commingled
1800	**1840.1007.01** **1840.1100** **1850.0603**	Added a section on Long-Term Care Insurance payments to include flat rate payment and reimbursements Added language that reimbursements for actual medical expenses is excluded as income Added Participant Direct Option(PDO)
2200	**2230.0402**	Adding language eligibility for caretaker's spouses
2400	**2410.0352** **2410.0355**	Updated passage to include listings of allowable shelter deductions Added language to define when over the counter medications are an allowable expense. Added

		language to define service animals as an allowable expense.
2600	**2630.0506.04** **2640.0506.04**	Deleted the word certified and added language specially trained and other expenses
3200	**3210.0202**	Update the manual with the correct amount of days food stamps are issued

0260.0100 REFUGEE ASSISTANCE PROGRAM (RAP)

~~RAP provides financial and/or medical assistance to refugee adults and families in the United States, without regard to their national origin, who meet eligibility criteria as defined by DCF. It is the purpose of RAP to provide for the effective resettlement of refugees and to assist them to achieve economic self-sufficiency as quickly as possible.~~

~~The program differs from Temporary Cash Assistance because deprivation is not a factor of eligibility, and services can be provided on the basis of need, without regard to family composition or the presence of children.~~

Refugees are individuals who have been forced to flee their native country due to a fear of persecution for reasons of race, religion, nationality, political opinion or membership in a social group. The Refugee Assistance Program provides financial and medical assistance to Refugees who do not otherwise qualify for TCA or Medicaid.

The purpose of RAP is to provide for the effective resettlement of refugees and to assist them to achieve economic self-sufficiency as quickly as possible. Refugee cash and medical assistance is limited to eight months from a refugee's date of entry into the United States. Victims of Human Trafficking may also receive benefits under the RAP program.

0260.0101 Legal Basis (RAP)

~~The legal basis for RAP is the Immigration and Naturalization Act (INA); Public Law 87-510 (the Migration and Refugee Assistance Act of 1962); the Refugee Act, and Chapter 65A-1 of the Florida Administrative Code (F.A.C.).~~
The legal basis for RAP is the Immigration and Naturalization Act (INA); The Refugee Act of 1980, The Trafficking Victims Protection Act and The William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008. The rules that govern the administration of Refugee cash and medical assistance programs can be found in 45 CFR 400 and 45 CFR 401.

0260.0102 Program Overview (RAP)

~~The Refugee Act of 1980 set new procedures for the admission of refugees and gave USCIS the jurisdiction to determine whether an individual was admitted to the United States as a refugee or under some other status. The objective of the changes in the law was to develop standardized, readily recognizable identifying documents for refugees. Refugees who are covered under one of the USCIS statuses are entitled to receive assistance under RAP, if all other eligibility criteria are met. RAP replaced Cuban Refugee Assistance and Indo-Chinese Refugee Assistance.~~
The Refugee Act of 1980 and standardized resettlement services for refugees admitted to the United States, provided for regular and emergency admission of refugees and authorized federal assistance for refugee resettlement. RAP reimburses states for 100 percent of services provided to refugees and other eligible populations.

0260.0103 Eligibility Criteria (RAP)

~~Generally, eligibility for RAP is determined by the refugee's residency, income, assets, employment registration, and length of time in this country~~.
To be eligible for RAP, an individual must have been determined ineligible for TCA and or Medicaid. The individual must meet program requirements including residency, income, assets, employment registration, and have lived in the US for a period of less than eight months. Eligibility for RAP is determined by the alien status document issued by the United States Citizenship & Immigration Services (USCIS).

0610.0200 SIMPLIFIED REPORTING CHANGE REQUIREMENTS (FS)

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

Simplified Reporting households must report a change when the total household income exceeds 130% of the federal poverty level 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), Department of Corrections (DOC), and Numident (DENU).

If a discrepancy exists with Social Security Match (DETH) or Prisoner Match (DEPR) information, which are not verified upon receipt, contact the customer by phone or send a pending notice for verification.

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.

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 when income exceeds 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 be encouraged to 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), Florida Department of Corrections (DOC), and Numident (DENU). ~~Staff will process prison incarceration information received in alerts from the Department of Corrections.~~

If a discrepancy exists with Social Security Match (DETH) or Prisoner Match (DEPR) information, which are not verified upon receipt, contact the customer by phone or send a pending notice for verification.

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. In combination cases with food stamps, TCA, and/or Medicaid, process adverse changes based on the information provided by the household.

0860.0500 CHANGES (RAP)
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. Time limit of eight months is due to expire;
~~2. A child in the AG will reach an age limitation for a coverage group;~~
~~3. A child reaches an age limit that will affect a RAP Employment and Training exemption;~~
2. An individual anticipates receipt of or a change in income, or a return to work;
~~5. A management review is required;~~
3. RAP Employment and Training sanctions are scheduled to end ~~(Send the individual a request to add and schedule an interview to add the individual's needs in the month prior to the expiration.);~~
4. A check on approval of Social Security, SSI, Unemployment Compensation, or other benefits for which the individual applied is required.
~~8. The birth of a child will occur.~~

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.

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

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

1. changes in income, resources;
2. change in living address;
3. a change in composition of the SFU. This includes a request to add an adult to the AG;
4. a change in living situation;
5. an unanticipated change in RAP Employment Registration status;
6. corrective action for a case that failed to process (this activity might include an auxiliary payment);
7. application or removal of sanctions; or
8. changes in Medicaid coverage groups.

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

Effective Date of Change: Changes that result in a beneficial or adverse change are effective according to the following time frames:

1. Beneficial: When a participant provides verification with a reported change or within 10 days of the change, make the increased benefit available no later than the month

following the month the change was reported. If the participant does not provide verification, make benefits available the first month following the receipt of verification.
2. Adverse: the first month following the receipt of sufficient information to act on an adverse change, allowing for 10 days adverse action notice.

1430.0710 Joint Custody (MFAM)

~~When parents of a child have joint custody and there is question regarding which parent has custody, staff must determine with whom the child resides based on the parent granted primary custody via a court order or binding separation agreement, divorce or custody agreement or with whom the child spends the most nights. The Department will follow the order of a legally binding court order unless no order exists.~~

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. Often, a court order or binding separation, divorce or custody agreement will establish physical custody controls as well as which parent may claim the child as a tax dependent. In cases where the child spends equal time with both parents and custody becomes an issue, the child must be included in the household of the parent who claims the child as a tax dependent.

If there is no such order or agreement, the custodial parent is the parent with whom the child spends most nights.

1440.1302 Who Determines Need for Placement (MSSI)

The agency or office responsible for determining the need for care depends on the applicant's age and what kind of facility or program is needed. After the eligibility specialist requests a determination, the specialist must receive DOEA CARES Form 603 (Notification of Level of Care) for nursing home placement or the Certification of Enrollment Status for Home and Community Based Services (HCBS) Form (CF-ES 2515) for HCBS waivers from the responsible office to document the specific need in the case record.

Note: The eligibility specialist does not request level of care decisions for HCBS waivers but must receive documentation of decisions from case managers or CARES.

The determination will be obtained from one of the following offices:

CARES (Comprehensive Assessment and Review for Long Term Care Services), Department of Elder Affairs:

1. For ICP: determines Level of Care for applicant/recipients over age 21 in nursing facilities, swing beds or hospital based nursing facility beds.
2. For HCBS: determines if applicant/recipient meets waiver requirements for the specific HCBS waiver.
3. For PACE: determines if the applicant/recipient meets the Level of Care.

CMAT (Children's Multidisciplinary Assessment Team), Children's Medical Services in the Department of Health:

1. For ICP: determines Level of Care for children under age 21, unless they are applicants for the ~~Project AIDS Care or~~ Developmental Disabilities iBudget Florida Waiver.
2. For HCBS: determines if applicants meet waiver requirements for the Model Waiver.

APD (Agency for Persons with Disabilities):

1. For Intermediate Care Facility for Developmental Disabilities: determines Level of Care for ICF/DD placement.
2. For HCBS: determines if applicant meets waiver requirements for the Developmental Disabilities and iBudget Florida Waivers.

If the eligibility specialist is not sure who is handling this determination, or whether a determination has been requested, he should request assistance from his supervisor.

1440.1400 REQUIREMENT TO FILE FOR OTHER BENEFITS (MSSI, SFP)

Individuals must apply for and diligently pursue to conclusion an application for all other benefits for which they may be eligible as a condition of eligibility. Need cannot be established nor eligibility determined upon failure to do so. Benefits that must be applied for include, but are not limited to:

1. Pensions from local, state, or federal government,
2. Retirement benefits,
3. Disability,
4. Social Security benefits,
5. Veterans' benefits,
6. UC benefits,
7. Military benefits,
8. Railroad retirement benefits,
9. Workers' Compensation benefits,
10. Health and accident insurance payments, and
11. Medicare Part A, Part B and Part D.

Individuals applying for Medicaid on the basis of age (65 or older) or disability must apply for Medicare if the state will pay the Medicare premium, deductible or co-insurance. If the individual is not eligible for a Medicare Savings Program (MSP), there is no requirement to apply for Medicare.

The Medicare Enrollment Data Base (EDB) file received from the Center for Medicare and Medicaid Services (CMS) contains information on individuals receiving both Medicaid and Medicare. The information from the EDB file is used to automatically enroll individuals in Medicare.

The application for Social Security benefits based on age or disability is presumed to be an application for Medicare.

Individuals applying for SSI-Related Medicaid, HCDA, TCA, or Family-Related Medicaid are not required to apply for SSI as a condition of eligibility.

Individuals who apply for OSS and are potentially eligible for SSI must apply for SSI as a condition of eligibility.

Individuals are required to apply for all increased benefits for which they might qualify.

1640.0314.03 Assignment of Rights to Support (MSSI)

If the community spouse refuses to make available assets attributed to the institutionalized spouse, the institutionalized spouse may assign his rights of support to the state and obtain institutional care benefits. This situation may arise when assets allocated to the individual actually solely belong to the community spouse who, in turn, refuses to make them available to the individual.

The institutionalized spouse may complete CF-ES Form 2504, Assignment of Rights to Support, which allows the state to pursue recovery from the community spouse. The ~~original copy of this~~ form is to be scanned into the ACCESS Document Imaging (ADI) System, then noted on the CF-ES 2614, Assignment of Rights to Support Notification. The completed CF-ES-2614 is emailed to ESS Headquarters in Tallahassee. ~~then noted on the sent to Headquarters Program Policy, in Tallahassee, Attention: SSI-Related Medicaid Program staff.~~ This form is not an option that an eligibility specialist suggests to an ineligible couple, but rather a solution to an existing situation which is brought to the eligibility specialist's attention.

When all conditions in passage 1640.0314.04 are met, the allocated assets being withheld by the community spouse will no longer be considered available to the institutionalized spouse.

If the institutionalized spouse does not assign the rights of support to the state, continue to consider the assets available to the institutionalized individual.

1640.0593 Assets Excluded by Federal Law (MSSI, SFP)

Items excluded by federal law as income are also excluded as assets. These items include, but are not limited to the following:

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. Lump sum SSI, Social Security, are excluded for nine consecutive calendar months following the month of receipt or until funds are spent, whichever occurs first. This exclusion applies only to the extent that funds are kept separate and identifiable from other assets. 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.

4. Value of any assistance paid with respect to a dwelling unit under the U.S. Housing Act of 1937, as amended; the National Housing Act; Section 101 of the HUD Act of 1965; or Title V of the Housing Act of 1949.

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

6. All student financial assistance received under Title IV of the Higher Education Act of 1965, or under Bureau of Indian Affairs (BIA) student assistance programs is excluded from income and assets, regardless of use. Examples of Title IV Programs include, but are not limited to: Pell grants, State Student incentives, Academic Achievement Incentive Scholarships, Supplemental Educational Opportunities grants, Upward Bound, work-study programs.

7. Any portion of a grant, scholarship, loan, gift or fellowship received by an individual to pay the costs of tuition, fees or other necessary educational expenses.

8. German, Japanese, or Aleutian reparation payments.

9. Any increase in the value of excluded burial funds that are left to accumulate.

10. Netherlands reparation payments based on Nazi persecution during World War II.

11. Austrian Reparation Payments made under Sections 500-506 of the Austrian General Social Insurance Act.

12. Payments made to class members under the Factor VIII of IX Concentrate Blood Products lawsuit settlement. This exclusion applies only to the extent that funds are kept separate and identifiable.

13. 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).

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

15. Achieving a Better Life Experience (ABLE) accounts which are established for individuals who meet the Social Security Administration's definition of disabled or the individual has a certification of disability from their physician prior to age 26. Verification must be requested if:

    a. questionable, or
    b. value of ABLE account exceeds $100,000, or
    c. value of combined assets exceeds the program limit.

Note: In order for these payments and benefits to be excluded from resources, such funds must be segregated and not commingled with other countable resources so that the excludable funds are identifiable.

1840.1007.01 Long Term Insurance (LTC) payments

Cash received in conjunction with medical services may or may not be considered as income. There are many types of insurance available, and each policy is reviewed to determine whether or not payments received should be included in the Medicaid eligibility and patient responsibility budgets.

1. Flat Rate Payments: Cash from an insurance policy which pays a flat rate benefit to the client without any regard for actual per diem charges or expenses incurred is considered income. If the insurance policy pays an individual a fixed amount daily regardless of the actual daily facility charges, it is considered a flat rate payment and included as income. The payments from a flat rate policy are not restricted for payment of medical expenses as a set amount is paid even if it exceeds the actual charges. Payments from a flat rate LTC insurance policy paid to a provider is countable income to an individual, as the payments continue to be made without regard to the charges or expenses the individual is incurring.
2. Reimbursements: Cash received to reimburse an individual for actual medical expenses incurred is not considered income, even if the individual choose to receive the payment directly instead of assigning it to a provider. Refer to section 1840.1100 for further information on reimbursements.

For further information regarding third party payments, refer to Chapter 3200.

1840.1100 REIMBURSEMENTS (MSSI, SFP)

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,~~;and~~
5. reimbursements by Employment and Training Programs; and
6. reimbursements for actual medical expenses incurred, even if payments are made directly to the provider.

1850.0603 Medical and Social Service Programs (CIC)

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 Plus (CDC+) ~~Project~~ or Participant Directed Option (PDO).

2230.0402 Parents and Other Caretaker Relatives (MFAM)

In order to be eligible for Medicaid, a parent or other caretaker relative (including the spouses if living in the home), who is within the specified degree of relationship, must live with a child. The child does not have to be a tax dependent of the adult parent or other caretaker relative to be potentially eligible.

Note: A parent or other caretaker relative who is ineligible for Medicaid because of having been sanctioned due to failure to comply with CSE requirements or other technical factors must continue to have their income included.

2410.0352 Homeless Income Deduction (FS)

A homeless income deduction may be allowed for assistance groups in which all members are homeless and they do not receive free shelter throughout the calendar month. (Refer to food stamp allowances in ~~on page~~ Appendix A-~~3.~~1 ~~for the appropriate standard~~). All homeless households, which incur or reasonably expect to incur shelter costs during a calendar month, shall be eligible for the homeless income deduction unless higher expenses are verified.

Homeless households which incur shelter-related costs, such as charges for hotel and motel rooms, homeless shelters, payments to relatives and friends with whom they are staying, telephone charges, and the cost of staying in their cars are also eligible for the homeless income deduction. To ensure that individuals and families without permanent housing receive the maximum allowable shelter deduction, the eligibility specialist must consider whether a household's benefits would be higher under the homeless shelter deduction or the excess shelter deduction.

This deduction will be subtracted from the net income in determining eligibility and allotment. Homeless households, which incur no shelter costs during the calendar month, will not be eligible for the homeless income deduction. Should the homeless AG decide to verify actual shelter costs and claim their shelter costs in the eligibility determination, the homeless income deduction cannot be budgeted.

2410.0355 Allowable Medical Expenses (FS)

Allowable medical expenses are:

1. Medical and dental care, including psychotherapy and rehabilitation services provided by a licensed practitioner authorized by state law, or by other qualified health professional.

2. Hospitalization or outpatient treatment, nursing care, and nursing home care provided by a facility recognized by the state (an assistance group (AG) would continue to be eligible for an excess medical adjustment for the medical expenses of a former individual who is 60 or over or receives SSI or Social Security disability even after that individual becomes hospitalized, institutionalized or dies if the remaining AG individuals are legally responsible for payment of the expenses).

3. Prescription drugs when prescribed by a licensed practitioner authorized under state law.~~,~~ ~~and~~ Over-the-counter medication (including insulin), medical supplies, sickroom equipment (either rented or purchased), or other prescribed equipment when approved by a licensed practitioner or other qualified health professional.

4. Dentures, hearing aids, and prosthetics.

5. Eyeglasses or contact lenses prescribed by a physician skilled in eye disease or by the optometrist.

6. Health and hospitalization insurance policy premiums. If the insurance policy covers more than one AG individual, only that portion of the medical insurance premium assigned to the AG individual(s) eligible for the medical deduction may be allowed. In the absence of specific information on how much of the premium is for an AG individual

eligible for a medical deduction, proration may be used to determine the amount to be allowed.

7. Medicare premiums related to coverage under Title XVIII of the Social Security Act, any cost sharing or spend down expenses incurred by Medicaid individuals.

8. Securing and maintaining a specially trained service animal, including the cost of ~~dog~~ food, veterinarian bills, pet insurance, and other expenses. A pet or companion animal cannot be a service animal unless it is specially trained to assist the individual.

9. Reasonable cost of transportation and lodging to obtain medical treatment or services. Count the actual costs of transportation to get medical treatment or services, including costs of travel to buy medicine. If the actual cost of transportation is unknown, use the current mileage allowance in effect for state employees.

10. Maintaining an attendant, homemaker, home health aide, or child care or housekeeper services if necessary due to age, infirmity, or illness. In addition, an amount equal to one individual benefit shall be considered a medical expense if the AG furnishes the majority of the attendant's meals. The benefit for this meal related expense shall be that in effect at the time of certification. The benefit amount for this deduction will be updated at the next certification. If an individual incurs attendant care costs that could qualify under both the medical deduction and dependent care deduction, the eligibility specialist shall treat the cost as a medical expense. If the expense is incurred for more than one individual, and only one of those individuals qualifies for a medical deduction, consider as a medical expense only that portion which can be identified as such. If the amount cannot be separately identified, the entire amount shall be prorated among those individuals for whom care is provided, and the portion considered as a medical expense shall be the prorated amount attributed to the individual(s) who qualifies for the expense as a medical adjustment.

11. Companion phone service may be allowed as a medical necessity if a doctor's statement is obtained to that effect. The fact that the individual receives SSD or SSI in itself does not mean that it is a medical necessity. The individual may be billed for this service (separate from his regular phone service) yearly or on a monthly basis. If the individual has other medical bills it may be to the overall advantage to include the monthly charge.

    Note: The cost of health and accident policies such as those payable in lump sum settlements for death or reimbursement, or income maintenance policies such as those that continue mortgage or loan payments while the beneficiary is disabled, are not deductible.

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; or
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 oxygen;
3. prescription drugs;
4. insulin;
5. needles;
6. syringes;
7. drugs for family planning;
8. oxygen;
9. surgical supplies;
10. medicine chest supplies or other over-the-counter purchases that are prescribed by a member of the medical community as medically necessary; and
11. 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,
    h. housekeeping; or
    i. cost associated with maintaining a specially trained ~~certified~~ service animal, including the cost of food, ~~and~~ veterinarian bills, pet insurance, and other expenses. A pet or companion animal cannot be a service animal unless it is specially trained to assist the individual.

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. rubbing alcohol, or
    f. cotton swabs.
2. household repairs; or
3. yard work.

2640.0506.04 Recognized Medical Services (MSSI)

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; or
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 oxygen;
3. prescription drugs;
4. insulin;
5. needles;
6. syringes;
7. drugs for family planning;
8. oxygen;
9. surgical supplies;
10. medicine chest supplies or other over-the-counter purchases that are prescribed by a member of the medical community as medically necessary;
11. 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,
    h. light housekeeping; or
    i. cost associated with maintaining a ~~certified~~ service animal, including the cost of food, veterinarian bills, pet insurance, and other expenses. A pet or companion animal cannot be a service animal unless it is specially trained to assist the individual.

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. rubbing alcohol, or
    f. cotton swabs.
2. household repairs; or
3. yard work.

3210.0202 Staggered Issuance (FS)

Electronic Benefits Transfer (EBT) food stamps are issued over the first ~~15~~28 calendar days of each month, including weekends and holidays. Assistance groups are assigned benefit availability dates based on the eighth and ninth digit of their FLORIDA case number. The FLORIDA system excludes expedited service approvals and new case approvals from the staggered issuance tables for the initial month of the certification period.