

CF OPERATING PROCEDURE
NO. 170-15

STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, March 12, 2025

Child Welfare

FEDERAL AND STATE FUNDING ELIGIBILITY

This operating procedure describes the major funding sources used by the Department of Children and Families (herein referenced as DCF or Department) and community-based care lead agencies to support child protection activities and services. The operating procedure provides policy and procedures for determining eligibility, reporting, and claiming funds. It also provides guidance for determining eligibility and using Title IV-E funding in child welfare programs.

BY DIRECTION OF THE SECRETARY:

(Signed original copy on file)

KATHRYN WILLIAMS
Assistant Secretary for
Child and Family Well-Being

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Chapter 1

GENERAL INFORMATION

1-1. Introduction.

a. This operating procedure describes the major funding sources used by the Department of Children and Families, herein referenced as DCF or Department, and community-based care lead agencies (lead agencies) to support child protection activities and services. The operating procedure provides policy and procedures for screening cases, determining eligibility, reporting, and claiming funds.

b. Policies and procedures provided in this operating procedure are intended to complement, not supplant, applicable provisions of state and federal laws and rules. In the event of a conflict or inconsistency between these guidelines and state and federal statutes or regulations, the latter will take precedence and prevail over the provisions in this operating procedure.

c. Any region, circuit, and/or lead agency developing its own operating procedures may not impose additional requirements or forms on the public beyond those specified in this operating procedure. In addition, region, circuit, and lead agency specific procedures cannot supersede relevant state and federal statutes and regulations.

1-2. Scope. The child welfare program is financed by federal, state, and local funds. To ensure accountability, staff must follow the procedures outlined in this operating procedure. The policy and procedures apply to Department, lead agency child welfare staff, and their sub-contractors. This includes, but is not limited to, child protective investigators (CPI), child welfare case managers, revenue maximization staff, supervisors, attorneys with Children's Legal Services (CLS) or the Offices of the Attorney General or State's Attorney contracted to perform CLS services, Child in Care (CIC) eligibility specialists, and staff responsible for data management and fiscal operations.

1-3. Authority.

- a. Titles IV-A and E, XIX and XX, Social Security Act, as amended.
- b. 45 Code of Federal Regulation (CFR), Parts 1355 through 1357; 45 CFR, Part 233.110.
- c. State Plans for Title IV-E, Temporary Assistance for Needy Families, Medicaid, and Title IV-D.
- d. Florida's Child and Family Services Plan (CFSP).
- e. Office of Management and Budget (OMB) Title 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- f. Chapters [39](#), [409](#) and [414](#), Florida Statutes (F.S.).
- g. Chapters 65C-1 through 45, Florida Administrative Code (F.A.C.).
- h. United States Department of Health and Human Services, Administration for Children and Families' Child Welfare Policy Manual, Action Transmittals (AT), Information Memoranda (IM), Policy Guides and Manuals (PGM), Program Instructions (PI), Program Regulations (PR) and Federal Register Notices.

1-4. Federal Funding Sources. Federal funding for child welfare is from Title IV-A, Title IV-B, Title IV-E, Title XIX, and Title XX of the Social Security Act; and under Public Law (P.L.) 93-247.

a. Title IV-A and Temporary Assistance for Needy Families.

(1) Title IV-A of the Social Security Act provides grants to states to fund Temporary Assistance for Needy Families (TANF) programs and services. The Department serves as the designated state agency responsible for administering funding under the Social Security Act.

(2) Access to programs and services funded by TANF funds is income based and limited to those meeting eligibility criteria. The Office of Child and Family Well-Being (OCFW) uses TANF funds to support activities and services designed to remedy some of the underlying conditions that lead to abuse, neglect, or abandonment of children; and to strengthen families so that children can be cared for in their own homes or in the homes of relatives. Eligible families must have cases open with child protective investigations or case management. These activities and services are funded through the following TANF programs:

(a) “Regular” TANF. “Regular” TANF funds help to pay for the administrative costs of intake, child protective investigation, and protective services.

(b) Social Services Block Grant II (SSBG II). The TANF SSBG II grant provides funds for social services that seek to accomplish one or more of the following goals: achieving or maintaining economic self-sufficiency; reducing or preventing of dependency; preventing or remedying abuse, neglect, or exploitation of children; preventing or reducing inappropriate institutional care; and securing admission or referral for institutional care when other forms of care are not appropriate.

(c) Relative Caregiver Program. This program provides financial assistance to relatives who are caring full-time for an eligible child. To be eligible, the child must be adjudicated dependent and ordered by the court into the custody of the relative. The relative caregiver must be within the fifth degree of relationship by blood, marriage, or adoption to the parent or stepparent of the child for whom the relative caregiver is providing full-time care. The child must meet the technical and financial requirements of the TANF “child-only” program, with some exceptions. In addition to the TANF eligibility requirements, the placement of the child must be due to a finding of abuse or neglect by the dependency court and based on an approved home study of the relative caregiver. Please refer to CFOP 170-10, Chapter 8, Non-Licensed Caregiver Support, and the Economic Self-Sufficiency Program Policy Manual ([ESS program Policy Manual](#)) for information on the Relative Caregiver Program. Effective July 1, 2014, the Florida Legislature expanded the Relative Caregiver Program in section [39.5085](#), F.S., to include nonrelative caregivers.

(d) TANF funded Maintenance Adoption Subsidy Program. Per section [409.166](#), F.S., the program provides federal funds to facilitate the timely placement of children, whose special needs or circumstances would otherwise make it difficult to place with an adoptive family. Eligible children receive adoption benefits designed to assist adoptive parents in meeting their needs. Adoptive parents are also eligible for a capped reimbursement of nonrecurring expenses to help offset the cost of adoption.

(e) TANF funded Guardianship Assistance Program. Per section [39.6225](#), F.S., the program provides federal funds for payment and Medicaid for the care of children by relatives or fictive kin who have assumed legal guardianship of eligible children for whom they previously cared as foster parents. Caregivers may also be eligible for a capped reimbursement of nonrecurring expenses to help offset the cost of obtaining guardianship.

b. Title IV-B Child Welfare Services.

(1) Title IV-B of the Social Security Act contains two subparts, Subpart 1 and Subpart 2. States receiving Title IV-B funds under either subpart must follow a state plan assurance explaining how the money is used and the programs and services that are run wholly, or in part, with Title IV-B funds. See 42 U.S.C. 622 for federally mandated state plan assurance requirements.

(2) The state plan assurance covers a period of five years with each state mandated to complete an annual update (the Annual Progress and Services Report). The annual updates are required to receive federal allocation of Title IV-B funds, as well as allocation of federal funds under the Child Abuse Prevention and Treatment Act (CAPTA). The update also gives states an opportunity to apply for funding to support the Chafee Foster Care Independence Program.

(3) Upon the expiration of each five-year plan, each state is required to submit a new Child and Family Services Plan (CFSP) and to continue with annual updates. Florida's CFSP is available on the Department's Knowledge and Information Distribution Site at <https://myflfamilies.com/kids/publications>.

(4) Title IV-B, Subpart 1 of the Social Security Act.

(a) Title IV-B, Subpart 1 of the Social Security Act, also known as The Stephanie Tubbs Jones Child Welfare Services Program, provides grants to states and Indian tribes for programs directed toward keeping families together. The funds are intended for programs and services that assist families whose children have either been removed, or who are on the verge of being removed, from their homes. The funds are also used for reunification services and efforts. Programs and services funded under this subpart are available to children and their families without regard to income.

(b) Generally, there is a strong emphasis on using these funds, in combination with state, local, and private funds to:

1. Protect and promote the welfare of all children;
2. Prevent the neglect, abuse, or exploitation of children;
3. Support at-risk families through services which allow children, where appropriate, to remain with their families or return to their families in a timely manner;
4. Promote the safety, permanence, and well-being of children in out-of-home care and adoptive families; and,
5. Provide training, professional development, and support to ensure a well-qualified workforce.

(5) Title IV-B, Subpart 2.

(a) Title IV-B of the Social Security Act, Subpart 2, also known as Promoting Safe and Stable Families (PSSF), provides funding for programs and services designed to:

1. Help prevent the unnecessary separation of children from their families;
 2. Improve the quality of care and services to children and their families;
- and,

3. Ensure permanency for children by either reuniting them with their parents, seeking adoption, or by making other permanent living arrangements.

(b) States are required to spend most of their allotted Title IV-B, Subpart 2 funds for services that address:

1. Family support;
2. Family preservation;
3. Time-limited family reunification; and,
4. Adoption promotion and support.

(c) The services are designed to help child welfare agencies and eligible Indian tribes establish and operate integrated, preventive family preservation services and community-based family support services for families at risk or in crisis.

c. Title IV-E Federal Payments. Title IV-E provides federal funding to help provide foster care, independent living services, adoption assistance, and guardianship assistance. Like all states that receive Title IV-E funds for foster care, independent living services, adoption assistance, and guardianship assistance, Florida must follow a Title IV-E State Plan. The Plan includes all applicable state statutory, regulatory, or policy references and a citation for each requirement, as well as supporting documentation. Additionally, the plan must be updated when there are significant changes to state programs or in response to changes in federal law.

(1) The Title IV-E Foster Care program helps provide safe and stable out-of-home care for children until they are returned to their homes, are permanently placed with adoptive families, or are placed in other permanent arrangements by a child welfare agency. Also, the program provides federal funds for foster care maintenance payments (FCMP) to eligible children under state custody. Children must meet eligibility requirements under Title IV-E to qualify for benefits.

(2) Title IV-E Extended Foster Care provides federal funds for foster care maintenance payments and services to young adults ages 18 to 21 who were in the Department's custody upon turning 18. The goal of the program is to further guide young adults to independence.

(3) Title IV-E Maintenance Adoption Subsidy provides federal funds to facilitate the timely placement of children, whose special needs or circumstances would otherwise make it difficult to place with adoptive families. Eligible children receive Medicaid and a monthly adoption subsidy designed to assist adoptive parents in meeting their needs. Adoptive parents are also eligible for a capped reimbursement of nonrecurring expenses to help offset the cost of adoption.

(4) Title IV-E Extension of Maintenance Adoption Subsidy provides adoption benefits to qualifying adoptive parent(s) for the continued support of their young adult until the age of 21.

(5) Title IV-E Guardianship Assistance Program provides federal funds for the care of children placed in permanent guardianship with their relative or fictive kin. Eligible children receive Medicaid and a monthly guardianship assistance payment designed to assist the caregiver in meeting the child's needs. Caregivers may also be eligible for a capped reimbursement of nonrecurring expenses to help offset the cost of obtaining guardianship.

(6) Title IV-E Extension of Guardianship Assistance Program provides federal funds to provide benefits to qualifying guardian(s) for the continued support of their young adult until the age of 21.

(7) Administrative Costs. Costs deemed necessary for the administration of the Title IV-E State Plan are reimbursable. The state cost allocation plan identifies which costs are allocated and claimed under Title IV-E. Costs that are not reimbursable under Title IV-E include those costs incurred for social services which provide counseling or treatment to the child, the child's family, or foster family to remedy personal problems, behaviors, or home conditions.

(8) Federal Reimbursement Rates.

(a) Administrative costs: 50% with some exceptions.

(b) Foster care maintenance and adoption subsidy: cost multiplied by the Federal Medical Assistance Percentage (FMAP) rate which varies annually.

(c) Training costs: 75% of the Department's designated training programs.

1-5. State Funded Programs. A child or young adult who meets program requirements but does not meet Title IV-E nor TANF criteria may participate in the foster care, adoption, or guardianship programs funded by state funds/general revenue. This includes Extended Foster Care, Extension of Maintenance Adoption Subsidy, and the Extension of Guardianship Assistance Program.

1-6. Fiscal Charge.

a. All staff of the Department, lead agencies and their sub-contracted agencies are responsible for managing the state's resources in accordance with the OMB Title 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards which requires that costs be allowable, reasonable, and necessary.

b. Client payments made must be documented in the state's CCWIS as defined in the lead agency Cost Allocation Plan.

c. Lead agencies must follow guidance outlined in the CCWIS Payment Reference Guide maintained by the Office of CBC/ME Financial Accountability (OFA) for creation and utilization of Service Types in CCWIS.

1-7. Definitions.

a. Adoption. The act of creating the legal relationship between parent and child where it does not exist, thereby declaring the child to be legally the child of the adoptive parent(s) and their heir at law; and entitled to all rights and privileges and subject to all objections of a child born to such adoptive parents in lawful wedlock.

b. Adoption Assistance. Payments and services provided to a special needs child and his or her adoptive family, as specified in the adoption assistance agreement. Such assistance may include maintenance adoption subsidy (MAS), Medicaid, and reimbursement of non-recurring expenses.

c. Adoption Entity. The Department, an agency, a child-caring agency registered under section [409.176](#), F.S., an intermediary, or a child-placing agency licensed in another state which is qualified by the Department to place children in the state of Florida.

d. Aid to Families with Dependent Children (AFDC). Financial assistance funded under Title IV-A of the Social Security Act and provided to children who are deprived of the support and care of one or both parents; and who meet certain technical and financial requirements. Commonly referred to as "welfare" or "cash assistance".

NOTE: Under the Personal Responsibility and Work Opportunity Act of 1995, AFDC was discontinued and replaced by the Temporary Assistance to Needy Families (TANF) Block Grant. However, Title IV-E eligibility is based on previous AFDC eligibility criteria in the Title IV-A State Plan that was in effect on July 16, 1996.

e. Assistance Group (AG). Individuals of parent or sibling relation to the child in which eligibility is being determined who resided in the removal home. Such individuals shall be included in the standard filing unit (SFU) unless excluded by certain provisions. Children of a minor parent or young adult are not included in the minor parent’s or young adult’s AG when Title IV-E eligibility is being determined for the minor parent or young adult.

f. Case TANF. A determination of Temporary Assistance for Needy Families (TANF) eligibility for a child receiving case management services in an in-home or out-of-home case.

g. Child. An individual who has not attained 18 years of age.

h. Community-Based Care Lead Agencies (Lead Agencies). The community entities that provide child welfare services, including administrative and financial, under contract to the Department. May also include subcontracts under the lead agency’s oversight.

i. Child Welfare Information System (CCWIS). The state’s automated official case management record for all children and families receiving child welfare services, from screening for child abuse and neglect at the Florida Abuse Hotline through adoption. Additionally, it is the official record for all expenditures related to service provision for children, youth, and/or families receiving in-home, out-of-home, adoption services, adoption subsidies, and post-foster care supports such as independent living services. This financial information supports the determination of the cost of care for each individual child, as well as claiming of expenditures to the appropriate funding sources. All pertinent information about every investigative and case management function must be entered into the system. Staff may have duplicate paper copies of the case file, along with supporting paper documentation, but the electronic case file is the primary record for each investigation, case management, and placement provider, including all related financial expenditures and activities.

j. Consolidated Need Standard (CNS). As set by the 1989 Florida Legislature, the amount recognized by the Federal Poverty Income Guidelines. The CNS takes into consideration certain basic needs of applicants and recipients. These include food, household supplies, personal care items, transportation, clothing, and utilities.

| SFU Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|----------|-------|-------|--------|--------|--------|--------|--------|--------|--------|--------|
| 1996 CNS | \$645 | \$864 | \$1082 | \$1300 | \$1519 | \$1737 | \$1955 | \$2174 | \$2392 | \$2610 |

Each additional individual adds \$219.

k. Date Court Proceedings Initiated. The date the petition/motion is filed with the court as to the removal of the child. If a petition/motion is not filed or is filed after the removal court order, the date is the date the court order is effective.

l. Department. The Florida Department of Children and Families.

m. Deprivation. A child or young adult living without the support and care of one or both parents due to one or both parents’ continued absence from the home (death, separation, divorce, or incarceration), incapacity, unemployment, or underemployment.

n. Fictive Kin. Pursuant to section [39.01\(28\)](#), F.S., a person unrelated by birth, marriage, or adoption who has an emotionally significant relationship, which possesses the characteristics of a family relationship, to a child or young adult.

o. Foster Care Maintenance Payments. Payments to cover the cost of providing food, clothing, shelter, daily supervision, child care costs for working foster parent(s), school supplies, personal incidentals, liability insurance with respect to a foster child or young adult, reasonable travel to the child's home for visitation, and reasonable travel for the child to remain in school in which the child is enrolled at the time of placement. In the case of institutional care, the term includes the reasonable costs of administration and operation of the facility, which are necessary to provide the items listed in the preceding sentence.

p. Intermediary. An attorney who is licensed or authorized to practice in Florida and who is placing or intends to place a child for adoption, including placing children born in another state with citizens of this state or country or placing children born in this state with citizens of another state or country. This is often referred to as independent adoption.

q. Investigation TANF. A determination of Temporary Assistance for Needy Families (TANF) eligibility for a victim child who is a subject of a child protective investigation.

r. Medicaid. A state administered federal program of medical assistance funded under Title XIX of the Social Security Act that provides basic health care to various coverage groups.

s. Need. Refers to the financial need of the child or young adult and/or family.

t. Non-Recurring Adoption Expenses. The reasonable and necessary adoption fees, court costs, attorney fees, and other expenses, up to \$1000, which are directly related to the legal adoption of a child with special needs, which are not incurred in violation of state or federal law, and which have not been reimbursed from other sources or funds.

u. Non-Recurring Guardianship Expenses. The reasonable and necessary guardianship fees, court costs, attorney fees, and other expenses, up to \$2000, which are directly related to obtaining legal guardianship of a child, which are not incurred in violation of state or federal law, and which have not been reimbursed from other sources or funds.

v. Out-of-Home Care. Twenty-four hour out-of-home care for children or young adults placed away from their parents or guardians and for whom the Department has placement and care responsibility.

NOTE: Out-of-home care is provided by someone other than a biological or legal parent.

w. Reimbursability. The ability to claim federal reimbursement based on the child and family or young adult meeting all eligibility requirements, in addition to the child's placement in an eligible, licensed home or facility.

x. Removal Home. The removal home is home of the person(s) who is(are) the subject(s) of the contrary to welfare finding or who executed a voluntary placement agreement. The removal home is the basis for which AFDC criteria is considered as part of a Title IV-E Foster Care Eligibility Determination.

y. Specified Degree of Relationship. For the purpose of this operating procedure, the definition includes any relative by blood (including half-blood), marriage, or adoption within the fifth degree of kinship to the child or young adult even if the marriage was terminated by death or divorce. The following relatives meet the specified degree of relationship for a specified relative:

(1) First Degree: parent (adoptive, legal, or biological) or stepparent.

NOTE: A non-judicial determination of paternal relationship must be made on the natural, biological father or his relatives as listed herein.

(2) Second degree: sibling and grandparent, or stepsibling. NOTE: The parent of a stepparent is not a specified relative.

(3) Third degree: great-grandparent, aunt, uncle, niece, or nephew.

(4) Fourth Degree: great-great grandparent, great-aunt, great-uncle, or first cousin.

(5) Fifth degree: great-great-great-grandparent, great-great aunt, great-great uncle, or first cousin once removed.

z. Standard Filing Unit (SFU). All individuals from the assistance group (AG) whose income and/or assets and needs are considered in the determination of eligibility for a category of assistance. The SFU establishes the family size in which the CNS is applied.

aa. Termination of Parental Rights (TPR). A legal proceeding which terminates the parents' rights to their child and frees the child for adoption. Also referred to as a permanent commitment.

bb. Voluntary Placement. An out-of-home care placement of a safe child requested by the parents or legal guardians through the execution of a Voluntary Placement Agreement pursuant to 65C-28.007, F.A.C., without court involvement or a young adult who meets eligibility criteria pursuant to section [39.6251](#), F.S.

cc. Young Adult. An individual who has attained 18 years of age but has not attained 21 years of age.

1-8. Records Retention for Revenue Maximization Case Records. Pursuant to section [39.202\(8\)](#), F.S., the Department shall make and keep reports and records of all cases under [Chapter 39](#), F.S., relating to child abuse, abandonment, and neglect. For the state to claim Title IV-E funding, foster care, guardianship, and adoption records (including sealed foster care and adoption records) must be available in the event of a federal Title IV-E eligibility review, federal or state audit. According to federal policy, all payments made on behalf of the children whose records are not available for review upon request by federal reviewers will be disallowed. Associated administrative costs will also be disallowed.

a. File Retention. Title IV-E foster care, guardianship assistance, and adoption assistance records must be retained based on the applicable retention schedule, as per CFOP [15-4](#) and pamphlet CFP [15-7](#).

b. Record Destruction. No record(s) shall be destroyed until authorized by the Department of State, as per CFOP [15-4](#).

1-9. Quality Assurance.

a. The lead agencies, in collaboration with OCFW, will routinely perform quality assurance and oversight functions of federal funding for foster care and adoption programs. These reviews assess compliance with Title IV-E and Title IV-A (TANF) eligibility criteria. The lead agency shall submit a Federal Funding Annual Eligibility Monitoring Plan and a Federal Funding Annual Eligibility Monitoring Report annually for each Federal Fiscal Year.

(1) The plan shall be submitted by October 15th, through the DCF region contract manager, for review and approval as to reviews to be conducted within the current Federal Fiscal Year.

The DCF region contract manager will review the plan to ensure all required criteria is addressed. OCFW will provide approval. The plan shall contain, at a minimum, the following:

(a) That reviews will be conducted on Title IV-E Foster Care including Extended Foster Care, Title IV-E Adoption Subsidy, and TANF Adoption Subsidy funding sources. At the option of each lead agency, general revenue funded foster care and adoption payments may be included as additional review cases.

(b) The mechanism for when and who will perform the reviews within the Federal Fiscal Year.

(c) A description of the data source to capture the sample population and when the sample will be established. The Period Under Review (PUR) and the utilization of a statistically valid sample at a 90% / 10% confidence level with a 50% response distribution for Title IV-E foster care and adoption reviews and, at a minimum, a 10% sample size for Adoption TANF reviews. In order to assess the variability of practice, purposive samples may be selected rather than pure random sampling. If optional funding sources are included, a separate sample size calculation may be used.

(d) The Department developed review tools will be used.

(2) To complete reviews for the foster care funding source, the lead agency shall obtain Safety Requirement compliance for each child caring agency and foster home where a child in the sample was placed during the PUR. The lead agency shall also collect information on Qualified Residential Treatment Program (QRTP) requirements.

(a) For child caring agencies, the lead agency shall use the Federal Monitoring – Region Licensing Compliance Template, see Attachment 1 to this chapter, to indicate each child caring agency name, Provider ID, and collective PUR for each.

(b) The request shall be sent to the DCF region contract manager to forward to DCF region licensing staff.

(c) DCF region licensing staff will review provider licensure and background screening compliance and ensure the signed license, employee background screenings, and licensing packet are uploaded in the Provider File Cabinet. Staff will complete the template regarding compliance, dates of non-compliance during the PUR, and QRTP requirements, as applicable, before returning to the DCF region contract manager within 60 calendar days from receipt.

(3) The report shall be submitted through the DCF region contract manager no later than September 30th annually. The DCF region contract manager will review the report to ensure all required criteria is addressed. OCFW will provide approval. The report shall contain, at a minimum, the following:

(a) The total population size for each funding source reviewed and sample size.

(b) The number of error cases and the number of error cases which were brought into compliance.

(c) A summary of each error case, effort to bring the file into compliance, and outcome.

(d) Recommendations and actions to be taken for improvement.

b. The Department will conduct monitoring of the following Title IV-E programs: Candidacy, Guardianship Assistance Program (GAP), Extension of Guardianship Assistance Program (EGAP), and Extension of Maintenance Adoption Subsidy (EMAS) program.

(1) For the Candidacy program, monitoring is conducted by the Office of Quality and Innovation as part of the Safety Planning reviews. Additionally, a review of the determination is conducted by DCF as part of the determination approval process.

(2) For the GAP, EGAP, and EMAS programs, annually data will be pulled capturing the clients in each program for the prior calendar year. A random 10% sample, at a minimum, will be selected for the review utilizing tools established by DCF staff.

c. The Department will conduct an annual review of the amounts paid as foster care maintenance payments and adoption assistance to assure their continued appropriateness.

(1) Foster care maintenance payments to Level I licensed foster homes must align with the amount, at a minimum, established by section [409.145\(3\)](#), F.S., and ongoing Foster Parent Cost of Living Allowance (COLA) memorandums.

(2) Foster care maintenance payments to Level II licensed foster home payments must align with the amount, at a minimum, established by section [409.145\(3\)](#), F.S., and ongoing Foster Parent Cost of Living Allowance (COLA) memorandums, and with the lead agency's region-approved rate matrix.

(3) Adoption assistance payments must align with the amount, at a minimum, as established in [65C-16.013\(7\)](#), F.A.C., ongoing Foster Parent Cost of Living Allowance (COLA) memorandums, and with the lead agency's region-approved rate matrix.

Federal Monitoring – Region Licensing Compliance Template

| Provider Name | Provider ID | License Type | Period Under Review (PUR) XX/XX/XX – XX/XX/XX | Placement dates during the PUR XX/XX/XX-XX/XX/XX | In Compliance? (Yes or No) | Time Frame of BGS Non-Compliance XX/XX/XX-XX/XX/XX | QRTF Requirement Met: Trauma-Informed Treatment Model | QRTF Requirement Met: Nursing Staff Requirements | QRTF Requirement Met: Family Participation Requirements | QRTF Requirement Met: Provides Discharge Planning | QRTF Requirement Met: Accreditation during PUR | Dates of Accreditation XX/XX/XX-XX/XX/XX |
|-------------------------|-------------|-----------------|--|---|-------------------------------|---|---|--|---|---|--|---|
| EXAMPLE: ABC Group Home | 123456 | CCA At-Risk | 04/01/23 - 09/30/23 | 04/17/23 - 07/15/23 | No | 07/10/23-08/01/23 | N/A | N/A | N/A | N/A | N/A | N/A |
| EXAMPLE: 123 Group Home | 654321 | CCA Traditional | 04/01/23 - 09/30/23 | 08/05/23 - 9/30/23 | Yes | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| EXAMPLE: BQRTF Facility | 456123 | CCA QRTF | 04/01/23 - 09/30/23 | 06/15/23 - 9/15/23 | Yes | N/A | Yes | Yes | Yes | Yes | No | 11/01/22-11/31/23 |
| EXAMPLE: QRTF Facility | 5432135 | Non-DCF QRTF | 04/01/23 - 09/30/23 | 04/15/23 - 9/30/23 | Yes | N/A | Yes | Yes | Yes | Yes | No | 11/01/22-11/31/23 |

Chapter 2

MEDICAID

2-1. What Is Medicaid.

a. Medicaid is a state administered federal program of medical assistance. Each state operates its Medicaid program under a state plan approved by the Centers for Medicare and Medicaid Services (CMS). The state plan outlines Medicaid policies, eligibility requirements, and reimbursement methodologies.

b. This chapter provides policy and procedures for determining eligibility for children in out-of-home care (licensed and unlicensed), adoption assistance program, guardianship assistance program, and young adults, age 18 to 21, who receive services under sections [39.6251](#), [409.1451](#), [39.6225](#), and [409.166](#), F.S. Additionally, Medicaid for former foster care youth ages 18 to 26 is discussed.

2-2. Coverage Groups. Section [409.903\(4\)](#), F.S., and Title XIX of the Social Security Act, establish eligibility requirements for Medicaid.

a. The Medicaid coverage groups for children and young adults who are or have been in out-of-home care:

(1) Title IV-E (MCFE). MCFE is for children who are Title IV-E Foster Care, Title IV-E Adoption Assistance, or Title IV-E Guardianship Assistance Program eligible and young adults who are eligible for Child in Care (CIC) Medicaid due to turning 18 years old while being in the legal custody of the Department, Extended Foster Care, Extension of Maintenance Adoption Subsidy, or Extension of Guardianship Assistance Program eligible.

(2) Non-Title IV-E (MCFN). MCFN is for all children and young adults eligible for CIC Medicaid but are not eligible under Title IV-E.

(3) Former Foster Care Youth Ages 18 up to 26 (MAI). As of January 1, 2014, the Affordable Care Act (ACA) authorizes Medicaid for an individual up to age 26 if they were in foster care and receiving Medicaid when they aged out of foster care in Florida. As of January 1, 2023, the SUPPORT Act requires states to provide Medicaid to former foster care youths if they were receiving Medicaid while in foster care in any state. Florida has elected to provide Medicaid coverage for former foster care youths obtaining the age of 18 years old on or after January 1, 2023. There is no income limit for eligibility.

(4) Medically Needy Child in Care (NCFN). NCFN is for a child in care who does not meet the Title IV-E or Non-Title IV-E Medicaid eligibility income requirements. When the income is greater than the medically needy 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. The share of cost represents the amount of allowable medical expenses that must be met before the individual can be entitled to Medicaid for the remainder of the month.

(5) Supplemental Security Income (SSI) (MS). MS is for a child or young adult receiving SSI that is approved through the Social Security Administration.

b. If the child is under protective supervision in his or her own home (no removal has occurred), the child's family makes the application for Medicaid. A child protective investigator (CPI) or case manager must help the family apply for and gather the information needed for Medicaid eligibility.

2-3. Medicaid Eligibility.

a. The child must meet all factors of eligibility to be determined eligible for assistance on an ongoing basis. Medicaid eligibility is determined separately from Title IV-E.

b. If the child is removed from the home and placed in either licensed or unlicensed care, lead agency staff must apply for CIC Medicaid for the child through CCWIS within two business days of the child's removal. The Economic Self-Sufficiency CIC Specialist processes the Medicaid eligibility application within two business days of receipt of all required information.

c. Department/lead agency staff must report any changes that may affect the child's Medicaid eligibility (e.g., demographic data, placement changes, income, assets, adoption, etc.) to the CIC Specialist within two business days. The CIC specialist will review or re-determine the child's Medicaid eligibility.

2-4. Role of Child in Care and Child Welfare Staff in Determining Medicaid Eligibility.

a. The responsibilities of CPIs, case managers, and lead agency revenue maximization staff include:

(1) Gathering, documenting, and validating eligibility related information regarding the child and his or her family.

(2) Completing all Medicaid eligibility related information on appropriate CCWIS screens as required for determination or that may impact Medicaid eligibility. CPIs, case managers, and lead agency revenue maximization staff must record changes in CCWIS within two business days of notification.

(3) Responding timely to requests for additional information from CIC staff.

NOTE: The CIC specialist cannot complete the eligibility determination when the necessary information is not provided or verified. This may cause the child to be ineligible for Medicaid.

b. The responsibilities of CIC staff include:

(1) Determining the child's eligibility for the Medicaid benefits. FLORIDA will transmit electronic notification of the disposition to CCWIS.

(2) Contacting the lead agency if additional information is needed to establish Medicaid eligibility; giving 10 calendar days to return the information. All reasonable steps should be taken to prevent denial or closure of Medicaid coverage based solely on the lack of response to a request for information. Such action should be brought to the attention of the appropriate level of supervision, including the program office for intervention, if necessary.

(3) Completing whatever steps are necessary to place the child on the FLORIDA system and authorize Medicaid promptly upon notification that the child or young adult is in out-of-home care.

(4) Instituting Systematic Alien Verification Eligibility (SAVE) requirements for all noncitizen children in care of the Department using documentation of immigration status or noncitizen registration number through the U.S. Citizenship and Immigration Service (USCIS).

(5) Generating the Medicaid card to the notification address provided via CCWIS and FLORIDA bi-directional interface.

c. Child Welfare Role with Managed Care. Once a child is Medicaid eligible, the designated child welfare staff or notification person will process enrollment into the appropriate managed care plan in accordance with local managed care selection guidance.

2-5. Medicaid for Children in Out-of-Home Care. Medicaid eligibility is completed for all children entering out-of-home care (licensed or unlicensed setting) unless the child receives Title XVI (SSI) Medicaid. CIC staff use FLORIDA to build the Medicaid category.

a. A child who is eligible for Title IV-E foster care is Medicaid eligible. The Medicaid coverage group of MCFE is authorized.

b. When a child is ineligible under Title IV-E, the Medicaid coverage group of MCFN is authorized as long as the following criteria are met:

(1) The technical eligibility criteria for non-Title IV-E Medicaid coverage are:

(a) Age. The child must be under 21 years of age and not emancipated.

(b) Residence. Child resides in Florida.

(c) Citizenship. U.S. citizen or a qualified/eligible non-citizen.

(d) Filing Unit. Each child is a separate filing unit – filing unit of one.

(e) Welfare Enumeration. The child’s Social Security Number or the date the application for a Social Security Number was filed.

(2) Financial eligibility requirements for the non-Title IV-E Medicaid coverage group are:

(a) Assets. Assets are not a factor for Medicaid eligibility. Assets are a factor for Title IV-E and must be recorded and documented in CCWIS on the Assets and Employment page.

| |
|--|
| <p>Things to Remember</p> <p>Money or property in a child’s Master Trust account or subaccount is excluded from being a countable asset.</p> |
|--|

(b) Income. All income (earned and unearned) of the child counts unless specifically excluded or disregarded as directed by policy in CFOP 165-22, Chapters [1800](#) and [2600](#). The income information must be entered in CCWIS (Assets and Employment page) and documentation scanned and uploaded under the Assets and Income Image Category of CCWIS File Cabinet.

and, 1. Child welfare staff are responsible for gathering information on income;

2. Lead agency revenue maximization staff are responsible for verifying income.

NOTE: Child support money collected by the state Child Support Program is considered unavailable to the child and is not counted.

c. Lead agency revenue maximization staff will monitor the initial CIC Medicaid application to ensure the child’s coverage is activated. Lead agency revenue maximization staff will contact CIC staff if Medicaid is not processed within three business days.

d. Once CIC Medicaid coverage is activated, the lead agency revenue maximization staff or designee will select a Medicaid Managed Care Plan for the child which will generate a health plan card from the provider.

e. If there is a change to the child's situation,

(1) Child welfare staff must enter the change in CCWIS within two business days and/or notify lead agency revenue maximization staff.

(2) Lead agency revenue maximization staff will review and validate or enter the information in the necessary CCWIS modules required for a successful submission from the Medicaid Eligibility module through the Interface.

(3) Once the information is submitted, CCWIS will automatically send the information to FLORIDA twice daily. FLORIDA will review and complete necessary changes to the Medicaid eligibility.

f. Upon enrollment of the child in CIC Medicaid, a lead agency designee shall complete the Medicaid Managed Care (MMC) plan selection process. For children currently enrolled in an MMC plan, upon enrollment in CIC Medicaid, the MMC plan shall remain the same if the child is receiving treatment or services which would be discontinued due to a plan change unless Department approval is obtained.

2-6. Child of Minor Parent. A child living with his or her minor parent in a licensed foster family home or a child-care institution is not considered to be in "foster care" if the minor parent's child has not been legally removed from the parent pursuant to a voluntary licensed placement agreement or a judicial determination.

a. The needs of the child living with a minor parent in the same licensed foster home are included in the Title IV-E payment being made on behalf of the minor parent.

b. A child whose cost of care in a licensed foster home or facility is covered by the Title IV-E foster care payments made with respect to the minor parent is also eligible for Title XIX Medicaid (no separate Medicaid determination for the child is necessary).

(1) The child's parent applies for Medicaid on behalf of the non-CIC child in the regular community process.

(2) Presumptively eligible newborn coverage will be authorized for the first year.

NOTE: A child born to a mother, who is a Medicaid recipient, is eligible for Medicaid for one year, until the end of the month in which the child's first birthday occurs. If the child is born on the first day of the month, the coverage ends the last day of the month prior to the first birthday. This is Presumptively Eligible Newborn (PEN) coverage.

c. The needs of the child who is removed or separated from the minor parent must no longer be included in the maintenance payment of the minor parent. In such situations, the child's eligibility for Title IV-E foster care and/or Medicaid will be based on the child's current and individual circumstances.

2-7. Undocumented Non-Citizens.

a. An undocumented non-citizen child in out-of-home care is ineligible for Medicaid due to the fact that the child is considered a non-qualified non-citizen. However, a child in out-of-home care cannot be denied treatment of an emergency medical condition because of his/her immigration status.

An application for emergency Medicaid should be made. Refer to Economic Self Sufficiency Program Policy Manual, CFOP 165-22, [2030.1100](#).

(1) Medicaid benefits will only be authorized to cover the emergency medical condition.

(2) The term emergency medical condition is defined as “a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- (a) Placing the patient’s health in serious jeopardy;
- (b) Serious impairment to bodily functions; or,
- (c) Serious dysfunction of any bodily organ or part.”

b. Medicaid is available for emergency services and provided to an otherwise eligible immigrant from the time that the individual is first given treatment for an emergency medical condition until such time as the medical condition requiring emergency care is no longer an emergency. The decision whether or not the medical treatment is for an emergency medical condition must, in all cases, be made by a physician.

NOTE: Child welfare staff should consult with the CLS attorney on how to handle emergency services.

2-8. Medicaid for Young Adults (Age 18-21). Pursuant to s. [409.903](#), F.S., young adults who are eligible to receive services under sections [39.6225](#), [39.6251](#), [409.1451](#), and [409.166](#), F.S., are eligible for Florida CIC Medicaid until the age of 21. Young adults who are eligible shall meet one of the following categories:

- a. Young adults who turned 18 while in licensed out-of-home care or in the legal custody of the Department;
- b. Young adults enrolled in the Extension of Maintenance Adoption Subsidy program;
- c. Young adults enrolled in the Extension of Guardianship Assistance Program;
- d. Young adults adopted between the ages of 14 to 17 after spending at least six months in licensed care within the 12 months immediately preceding adoption placement; or,
- e. Young adults between the ages of 14 to 17 placed with a court-approved dependency guardian after spending at least six months in licensed care within the 12 months immediately preceding placement with the caregiver.
- f. Young adults placed by a court in out-of-home care for at least 6 months after turning 14 years of age and did not achieve reunification with his or her parent or guardian.

NOTE: Payments made to a young adult participating in an independent living program should not be considered income in determining eligibility for Medicaid.

2-9. Youth Formerly in Out-of-Home Care (between the ages of 18-26) (MAI).

- a. A young adult is eligible for Medicaid under this category if he or she is:
 - (1) Under 26 years of age;

(2) Was in out-of-home care under the placement and care responsibility of any state on the date of attaining 18 years of age; and,

(3) Was enrolled in Medicaid when discharged from foster care in any state, between age 18 to 21.

Note: Prior to January 1, 2023, a child must have turned 18 while under the placement and care responsibility of Florida to qualify for former foster care coverage.

b. Prior to reaching age 21, if the young adult has an open supervision case or upon request of a young adult, child welfare staff must:

(1) Assist the young adult in applying for Medicaid under this coverage group. To apply online, go to www.myflorida.com/accessflorida.

(2) Ensure that the young adult retains continuity of medical care and has a Medicaid card.

2-10. Medicaid Eligibility for Child or Young Adult Receiving Supplemental Security Income (SSI).

a. Children or young adults who are a recipient of SSI benefits are automatically eligible for Medicaid. Therefore, a Medicaid eligibility determination for CIC coverage should not be completed.

(1) For children in licensed placement, the designated staff within the lead agency shall complete the necessary application process for the lead agency to become the Representative Payee.

(2) For children in non-licensed placement or Level I licensed placement, the lead agency shall assist the caregiver with the necessary application process for the caregiver to become the Representative Payee.

(3) For young adults, the lead agency shall request the young adult to select the lead agency as the Representative Payee while in the Extended Foster Care program.

b. The SSI program does not require that a child be permanently disabled; a child with a severe disability that is expected to last at least one year may qualify for SSI benefits. Therefore, case managers must pursue SSI for disabled children with the local Social Security Administration. Disabled children who are eligible for Title IV-E during a placement should be referred to the Social Security Administration for SSI.

NOTE: Report changes for all children who receive SSI/Social Security Survivor's Benefits (SSA) to the Social Security Administration.

2-11. Medicaid for Children Placed Through Interstate Compact on the Placement of Children (ICPC).

a. Federal regulations require that the board payments for the Department's children placed out of Florida be paid by the sending state. However, the Title IV-E related Medicaid (MCFE) must be provided by the receiving state.

b. When a Florida Title IV-E eligible child or young adult in EFC is placed in another state, the following steps must be taken:

(1) Child welfare staff enters the placement change in CCWIS. When a change occurs in CCWIS, the system will automatically generate an Action record if there is an existing Medicaid eligibility record.

(a) Lead agency revenue maximization staff must be notified to submit a Closure action in the Medicaid Eligibility module. The information is then transmitted to FLORIDA via the bi-directional interface.

(b) Once CIC staff have been notified of the placement change to out-of-state, the Florida Medicaid will be closed. Federal Medicaid regulations specifies that two states cannot have open Medicaid cases at the same time.

(2) Based upon the 100A, 100B, and Financial/Medical Plan, the receiving state should authorize Medicaid from the date of placement as long as the placement was approved by the receiving state.

(3) A lead agency may contact the DCF ICPC office at headquarters for information on Interstate Compact Coordinators in other states to get assistance in opening a Medicaid case for a Title IV-E eligible child or young adult in EFC in another state.

(4) When the receiving state's Medicaid plan does not cover a service that is covered under Florida's Medicaid program, the lead agency should request that the receiving state provide coverage under the Child Health Check-Up (EPSDT) rubric, and the receiving state is responsible for payment of that service.

(5) As long as the child or young adult remains Title IV-E eligible, the state in which the child or young adult resides remains responsible for providing Medicaid.

(6) If a child or young adult in foster care residing out-of-state loses Title IV-E eligibility, the state of residence will no longer be responsible for providing Medicaid. The lead agency that placed the child or young adult will then be responsible for arranging access to health care for the duration of the time the child remains in foster care.

(7) When a Title IV-E eligible child or young adult residing in another state is discharged from foster care and continues to reside in that state, the child or young adult is no longer automatically eligible for Medicaid in the state in which he or she resides. Therefore, as part of the discharge plan, the child welfare professional must ensure that the child or young adult has access to appropriate medical services by assisting in the application process for Medicaid or other medical benefits available in that state. If upon discharge the child or young adult returns to Florida to reside, the child welfare professional must assist the family in applying for Medicaid or other medical benefits in Florida.

c. Prior to a child who is ineligible for Title IV-E being placed in another state from Florida, the lead agency is responsible for arranging with the caregiver the plan for the child to receive medical care.

(1) The caregiver may elect to enroll the child on their insurance plan.

(2) The caregiver may elect to apply for available public assistance programs in the state of residence.

(3) If a medical provider in the receiving state agrees to accept Florida Medicaid, Florida CIC Medicaid coverage may continue. Lead agency revenue maximization must inform CIC that the child's Medicaid should remain open due to out-of-state placement.

(4) The lead agency may elect to cover the cost of the child's medical care.

d. Florida is responsible for Medicaid benefits for Title IV-E eligible foster care children or young adults placed in Florida by another state. Medicaid eligibility will be based on the sending state's determination of the child's or young adult's Title IV-E status.

(1) If the child from out-of-state is Title IV-E eligible, the lead agency handling the child's case management is responsible for the child's Medicaid application. Since a Title IV-E eligible child is automatically eligible for Medicaid, no financial eligibility determination is necessary.

(2) When a Title IV-E eligible child or young adult from another state is placed in foster care in Florida, the following steps must be taken:

(a) The sending state sends the required ICPC documents to the Florida ICPC Office.

(b) Florida ICPC Office forwards the request to the appropriate lead agency ICPC coordinator for processing of the home study and Medicaid. Title IV-E eligibility documentation and Third-Party Health Insurance, if any, must be included in the ICPC documents.

(c) Lead agency revenue maximization staff must submit an Initial action in the Medicaid Eligibility module for CIC Medicaid coverage. Prior to submission, lead agency revenue maximization must ensure entry of CCWIS data necessary for successful submission.

(d) Lead agency revenue maximization staff will monitor the initial CIC Medicaid application to ensure the child's coverage is activated. Lead agency revenue maximization staff will contact local CIC staff if Medicaid is not processed within three business days.

(e) Once CIC Medicaid coverage is activated, the lead agency revenue maximization staff will notify the child welfare professional to inform the caregiver to select a Medicaid Managed Care Plan for the child which will generate a health plan card from the provider.

(3) The sending state remains responsible for the determination of Title IV-E eligibility for children placed in Florida.

(a) As long as the child or young adult remains Title IV-E eligible, Florida remains responsible for providing Medicaid. In all cases, Medicaid is authorized for 12 months.

(b) If a child or young adult from another state is no longer Title IV-E eligible, Florida will no longer be responsible for providing Medicaid.

1. The sending state that has placement and care responsibility for the child or young adult must notify Florida of the loss of Title IV-E eligibility.

2. The lead agency revenue maximization staff must inform CIC staff to close the Medicaid case, and the sending state will be responsible for arranging for the child to receive medical care.

(4) When a Title IV-E eligible child or young adult from another state is discharged from foster care and continues to reside in Florida, the child or young adult is no longer automatically eligible for Medicaid.

(a) The child welfare staff notifies lead agency revenue maximization staff of the change of case status.

(b) Lead agency revenue maximization staff will submit a Closure action in the CCWIS Medicaid Eligibility module.

(c) The child welfare professional should notify the caretaker or the young adult (if discharged independently) regarding the ability to apply for Medicaid under a different coverage type.

(d) The child is eligible to receive Medicaid under continuous coverage provisions.

(e) If, upon discharge, the child returns to the sending state to reside, the Medicaid case must be closed since the child is no longer living in Florida.

2-12. Retroactive Medicaid Eligibility. Refer to CFOP 165-22, ACCESS Florida Program Policy Manual, Chapter 600, [Section 0650.0509](#), for policies and procedures regarding retroactive Medicaid eligibility.

2-13. Ex-Parte Determination. An ex-parte determination is the process by which the Medicaid eligibility of an assistance group or individual who is no longer under a particular coverage group is assessed to determine if eligibility exists under a different coverage group. Refer to CFOP 165-22, Chapter 800, Section [0850.0600.00](#), Ex-Parte Determinations.

2-14. Recertification for Medicaid.

a. A review of continued Medicaid eligibility is completed at least once every 12 months or sooner if the child's circumstances change. The criteria for recertification remain the same as for the initial Medicaid eligibility determination. In all cases, Medicaid for non-Title IV-E eligible children must be authorized for 12-months. All factors relating to eligibility, as outlined in this chapter, are re-evaluated at each recertification.

b. CIC staff processes Medicaid recertification for Title IV-E and determines continued recertification for non-Title IV-E eligible children. Only the Medicaid related information is sent to the FLORIDA system via the bi-directional interface.

c. A partial redetermination of eligibility must be completed when there is a change in the child's circumstances that may affect his or her Medicaid eligibility. Examples include:

- (1) Removal episode ends and the child returns home or is adopted;
- (2) Child's placement changes;
- (3) Child's income or board rate changes;
- (4) Child turns 18 years old; or,
- (5) Child is emancipated by a court of competent jurisdiction.

d. A new row must be manually generated, if not automatically by CCWIS, in the Medicaid Eligibility History group box. The Action is identified as a "change" or "closure." After saving a new

Action, click the “Submit to FLORIDA” hyperlink and the system will automatically send the information over the bi-directional interface for processing.

e. At discharge, CIC staff will complete an ex parte determination. If one cannot be made, continuous coverage policy applies.

f. Continuous coverage for children who have been discharged does not apply in the following circumstances:

(1) Child has moved out-of-state;

(2) Young adult is 19 years old;

(3) Child is deceased; or,

(4) Child is an undocumented/unqualified or a non-qualified non-citizen (i.e., short-term visa holder).

2-15. Third-Party Health Insurance.

a. Efforts must be made to determine if a child or young adult has third-party health insurance. Information on such insurance will be entered into CCWIS and shared with the CIC. Third-party health insurance includes health, hospital, and/or accident insurance policies.

b. Medicaid eligibility must always be determined for children in out-of-home care regardless of the existence of third-party health insurance. Insurance benefits should be applied to the fullest extent to ensure that Medicaid is the payer of last resort. When it is learned that a child or young adult is in receipt of third-party health insurance, it is important that child welfare staff or lead agency revenue maximization staff enter this information into the Medical Mental Health module in CCWIS and notify the CIC staff.

2-16. Recipients of Adoption or Guardianship Assistance Benefits. Children who are determined eligible for adoption assistance or guardianship assistance may be eligible for Medicaid.

a. A child whose benefits are funded by Title IV-E are categorically eligible to receive Title XIX Medicaid in his or her state of residence within the United States consistent with the terms of the state’s Title XIX plan.

(1) Medicaid is authorized without regard to family income.

(2) When a child relocates outside of Florida, the child welfare professional or designee must assist the parent(s)/guardian(s) in obtaining Medicaid in the new state of residence. This involves following procedures established in support of the Interstate Compact on Adoptions and Medical Assistance (ICAMA) per section [409.406](#), F.S. The child welfare professional or designee completes the appropriate documentation and process as instructed by the OCFW, ICAMA unit.

b. A child whose benefits are TANF or state funded will be eligible to receive Title XIX Medicaid in Florida if the technical and financial requirements described in paragraph 2-5.b. of this operating procedure are met and the child resides in Florida. A child who does not reside in Florida may be eligible for Title XIX Medicaid in their state of residence within the United States.

(1) When a child relocates outside of Florida, the child welfare professional or designee must assist the adoptive parent(s)/guardian(s) in obtaining Medicaid in the new state of residence.

(2) This involves following procedures established in support of ICAMA. The child welfare professional or designee completes the appropriate documentation and process as instructed by the OCFW, ICAMA unit.

c. If a child's benefits are TANF or state funded and the state of residence does not offer Medicaid, the following options are available:

(1) Florida Medicaid may continue. The adoptive parent(s)/guardian(s) must locate a physician that will accept Florida Medicaid in the state of residence. The physician must request and be approved as a Florida Medicaid provider, and then submit an invoice to Florida for payment. The parent(s)/guardian(s) must be advised and encouraged to obtain information and documentation necessary to process the medical claims consistent with the terms of the state's Title XIX plan. In order to prevent premature Medicaid closure, lead agency revenue maximization staff shall notify CIC staff that child is retaining Florida Medicaid coverage.

(2) The adoptive parent(s)/guardian(s) may apply for public assistance benefits as available in the state of residence.

(3) The adoptive parent(s)/guardian(s) may establish medical coverage through private means.

d. Medicaid benefits will terminate upon the child turning 18 years old or upon termination of the Adoption Assistance Agreement or Guardianship Assistance Agreement, whichever occurs first.

2-17. Recipients of Extension of Maintenance Adoption Subsidy or Extension of Guardianship Assistance Program Benefits. Young adults who are determined eligible for Extension of Maintenance Adoption Subsidy (EMAS) or Extension of Guardianship Assistance Program (EGAP) may be eligible for Medicaid.

a. A young adult whose benefits are funded by Title IV-E is categorically eligible to receive Title XIX Medicaid in his or her state of residence within the United States consistent with the terms of the state's Title XIX plan.

(1) Medicaid is authorized without regard to family income.

(2) When a young adult relocates outside of Florida, the child welfare professional or designee must assist the adoptive parent(s)/guardian(s) in obtaining Medicaid in the new state of residence. This involves following procedures established in support of ICAMA. The child welfare professional or designee completes the appropriate documentation and process as instructed by the OCFW, ICAMA unit.

b. A young adult whose benefits are TANF or state funded will be eligible for Medicaid in Florida if the technical and financial requirements described in paragraph 2-5.b. of this operating procedure are met and the young adult resides in Florida. A young adult may be eligible in their state of residence within the United States.

c. If the young adult's state of residence does not offer Medicaid, the following options are available:

(1) Florida Medicaid may continue. The adoptive parent(s)/guardian(s) must locate a physician that will accept Florida Medicaid in the state of residence. The physician must request and be approved as a Florida Medicaid provider, and then submit an invoice to Florida for payment. The parent must be advised and encouraged to obtain information and documentation necessary to process the medical claims consistent with the terms of the state's Title XIX plan. To prevent premature Medicaid

closure, lead agency revenue maximization staff shall notify CIC staff that the young adult is retaining Florida Medicaid coverage.

(2) The adoptive parent(s)/guardian(s)/young adult may apply for public assistance benefits as available in the state of residence.

(3) The adoptive parent(s)/guardian(s)/young adult may establish medical coverage through private means.

d. Medicaid benefits will terminate upon the young adult turning 21 years old or upon termination of the young adult from the EMAS or EGAP program, whichever occurs first.

2-18. CCWIS Documentation.

a. Initial Application. The lead agency revenue maximization staff shall use access to various systems and information gathered by the CPI and lead agency to determine appropriateness for a Medicaid application. An initial Medicaid application must be submitted with two business days of entry into care.

(1) If a Medicaid application is determined to be appropriate, the following CCWIS modules shall be reviewed for completeness prior to submission of an initial Medicaid application in CCWIS:

(a) Person Management: Name, Date of Birth, Citizenship, Race, Ethnicity, Gender, SSN or date applied for, Primary Address, and Birthplace.

(b) Placement: Out of Home placement or Living Arrangement.

(c) Assets and Employment.

(2) Create a Medicaid Eligibility module, only if one does not exist, insert and complete an action, and then select the “Submit to FLORIDA” hyperlink.

(3) CCWIS will send the information to FLORIDA twice daily. Medicaid eligibility will be determined in the FLORIDA system by CIC staff or automated processes.

(4) Once processed, the results will appear on the Medicaid page in CCWIS as “approved”, “denied”, or a rejection code. The rejection reason must be resolved immediately, and the application resubmitted.

b. Ongoing. As long as a child or young adult remains categorically eligible for MCFE or MCFN CIC Medicaid coverage, the case must be maintained via the CCWIS and FLORIDA bi-directional interface. Instances in which a Change must be submitted through the interface are as follows:

(1) Residence county.

(2) Payee name to young adult or legal guardian through Permanent Guardianship when child is enrolled in the Guardianship Assistance Program (GAP).

(a) When removal episode is discharged for the purpose of Permanent Guardianship, CCWIS updates must occur in order of: discharging the out-of-home placement, approving Non-Placement Service with the Service Category of ‘Guardianship’, then submitting Medicaid ‘Change’ row.

(b) When removal episode is discharged for the purpose of child reaching age 18 and in DCF custody, CCWIS updates must occur in order of: ensuring young adult's CCWIS Person Management page reflects an active, accurate Primary address, discharging out-of-home placement, then submitting Medicaid 'Change' row.

(3) Payee address.

c. Closure. The submission of a Closure for CIC Medicaid through the CCWIS and FLORIDA bi-directional interface would be appropriate in the following instances:

(1) A child/young adult moved outside of Florida. Exception: If a child/young adult is Title IV-E Ineligible, and a provider has agreed to accept Florida Medicaid coverage, CIC coverage may continue.

(2) A child/young adult is granted Supplemental Security Income.

(3) A child/young adult's income exceeds the limit.

(4) A child's removal episode is discharged for the purpose of Reunification, Permanent Guardianship (unless child is enrolled in GAP), Adoption, or Transfer to Licensed Private Agency. When discharged for the purpose of Reunification, CCWIS updates must occur in order of: discharging the out-of-home placement, creating a living arrangement, then submitting Medicaid 'Closure' row.

(5) A child turns 18 years old and is not in the Department's custody.

(6) An adoptive child turns 18 years old and is not enrolled in the EMAS nor eligible for PESS program. When a child receiving adoption Medicaid reaches age 18, CCWIS updates must occur in order of: submitting a Medicaid 'Closure' row, then ending the 'Adoption' Non-Placement Service, and terminating the Adoption Assistance Agreement.

(7) A child in Permanent Guardianship turns 18 years old and is not enrolled in EGAP or eligible for the PESS program. When a child receiving GAP Medicaid reaches age 18, CCWIS updates must occur in order of: submitting Medicaid 'Closure' row, then ending the 'Guardianship' Non-Placement Service, and terminating the Guardianship Assistance Agreement.

(8) A young adult turns 21 years old.

(a) When the removal episode is discharged for the purpose of a young adult reaching age 21 while in EFC, CCWIS updates must occur in order of: ensuring the young adult's CCWIS Person Management page reflects an active, accurate Primary Residence address, discharging the out-of-home placement, then submitting a Medicaid 'Closure' row.

(b) When a young adult reaches age 21 while in PESS or Aftercare, CCWIS updates must occur in order of: ensuring the young adult's CCWIS Person Management page reflects an active, accurate Primary Residence address, submitting a Medicaid 'Closure' row, then closing the living arrangement.

(c) When a young adult reaches age 21 while in EMAS or EGAP, CCWIS updates must occur in order of: submitting a Medicaid 'Closure' row, then ending the 'Adoption' or 'Guardianship' Non-Placement Service and terminating the Extended Adoption Assistance Agreement or Extension of Guardianship Assistance Agreement.



Medicaid Coverage Map for Young Adults (Per Florida Statute 409.903)

| IF YOU... | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
|---|--|----|----|----|---|----|----|----|
| SSI Medicaid - Young Adult (YA) must meet Social Security Administration standards as a disabled adult. | | | | | | | | |
| Were adopted or achieved Permanent Guardianship from Out of Home Care at age 14 - 17 with 6 Months in Licensed Foster | <ul style="list-style-type: none"> Prior to processing a Medicaid closure at age 18, Lead Agency must assess if the young adult is eligible. If eligible, Lead Agency must communicate with CIC to ensure coverage continues. YA/Adoptive parent(s) or Guardian(s) are responsible for selecting a health plan provider. | | | | The YA is responsible for establishing a source of health care insurance. | | | |
| Initial Adoption Assistance Agreement executed at age 14 – 17 and enrolled in Extension of Maintenance Adoption Subsidy program | <ul style="list-style-type: none"> YA remains eligible for CIC Medicaid while residing in Florida. YA/Adoptive parent(s) are responsible for choosing health plan provider. Lead Agency is responsible for managing account through FSFN. ICAMA procedures apply when an IV-E Eligible young adult was 16 or 17 when the AAA was executed and resides in a state other than Florida. | | | | The YA is responsible for establishing a source of health care insurance. | | | |
| Initial Guardianship Assistance Agreement executed at age 14 – 17 and enrolled in Extension of Guardianship Assistance Program | <ul style="list-style-type: none"> YA remains eligible for CIC Medicaid while residing in Florida. YA/Guardian(s) are responsible for choosing health plan provider. Lead Agency is responsible for managing account through FSFN. ICAMA procedures apply when an IV-E Eligible young adult was 16 or 17 when the GAA was executed and resides in a state other than Florida. | | | | The YA is responsible for establishing a source of health care insurance. | | | |
| Turned 18 in non-licensed, out-of-home care under Florida's jurisdiction or turned 18 under the jurisdiction of any other State | <p style="text-align: center;"><u>General Medicaid Coverage through the Affordable Care Act (ACA) and Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act</u></p> <ul style="list-style-type: none"> YA is responsible for completing a Medicaid application with Access Florida answering "Yes" to the Former Foster Care question. YA is responsible for choosing a managed care plan after case is authorized and for managing account. | | | | | | | |
| Turned 18 in licensed out-of-home care under Florida jurisdiction | <ul style="list-style-type: none"> YA remains eligible for Child in Care (CIC) Medicaid (additional criteria must be met). YA may choose health plan provider. Lead Agency is responsible for managing account through FSFN and assisting young adult with selecting provider. | | | | <p style="text-align: center;">Coverage through ACA/SUPPORT</p> <ul style="list-style-type: none"> YA is responsible for completing a Medicaid application with Access Florida answering "Yes" to the Former Foster Care question. YA is responsible for choosing a health plan provider after case is authorized and for managing account. | | | |
| Placed in court approved out-of-home care for at least 6 months after turning 14 years of age and did not achieve reunification | <ul style="list-style-type: none"> YA remains eligible for Child in Care (CIC) Medicaid (additional criteria must be met). YA may choose health plan provider. Lead Agency is responsible for managing account through FSFN and assisting young adult with selecting provider. | | | | The YA is responsible for establishing a source of health care insurance. | | | |

- Legal Custody** means legal status created by a court which vests in a custodian of the person or guardian, whether an agency or an individual, the right to have physical custody of the child and the right and duty to protect, nurture, guide, and discipline the child and to provide him or her with food, shelter, education, and ordinary medical, dental, psychiatric, and psychological care.
- Licensed Foster Care** means out of home care which the placement is in a foster family home, group home, residential facility (excludes DJJ commitment facilities), or other child caring institution that has received a license pursuant to s. 409.175, F.S.
- Out of Home Care** means 24-hour substitute care for children placed away from their parents or legal guardians and for whom the Title IV-E 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 (excludes DJJ commitment facilities), relatives, nonrelatives, child care institutions, and pre-adoptive homes.

***ICAMA rules apply for Young Adults entering or leaving Florida while in Extended Foster Care.

July 2024

Chapter 3

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

3-1. Overview.

a. "Regular" Temporary Assistance for Needy Families (TANF or TANF 200%) helps to pay for the administrative costs of intake, child protective investigation, and protective services. To draw down "regular" TANF funds, staff must complete a Request for TANF Funds/Eligibility Determination in CCWIS.

b. As stated in Chapter 1 of this operating procedure, Title IV-A of the Social Security Act provides grants to states to fund TANF programs and services. The Department serves as the designated state agency responsible for administering funding under the Social Security Act.

c. Access to programs and services funded by TANF funds is income based and limited to those meeting eligibility criteria. OCFW uses TANF funds to support activities and services designed to remedy some of the underlying conditions that lead to abuse, neglect, or abandonment of children; and to strengthen families so that children can be cared for in their own homes or in the homes of relatives. Eligible families must have cases open with child protective investigations or case management.

3-2. Determining Eligibility. An eligibility determination for "regular" TANF funds must be conducted for a child and family if the child is an alleged victim in a child protective investigation or receiving case management services through an in-home or out-of-home case. This does not apply to children residing in Florida through the Interstate Compact on the Placement of Children (ICPC).

a. Child Protective Investigations. The investigative TANF Eligibility page in CCWIS must be completed for the family when an abuse or neglect intake is generated through the Florida Abuse Hotline and a child protective investigation is initiated, excluding Institutional Investigations and Special Condition Referrals.

(1) The child protective investigator (CPI) or designee must obtain information to complete the investigative TANF eligibility determination based on the circumstance of the family at the initiation of the investigation. For an accurate determination, CCWIS shall be updated to reflect the Primary address and Citizenship of the victim child(ren) on their Person Management page and any income (earned or unearned) on the CCWIS Assets and Employment page for the parent(s), legal guardian, victim child(ren), siblings, and other household members considered to be residing in the family unit.

(2) The CPI or designee shall ensure responses are completed for each question and the appropriate family household members are selected who shall be included in the Family Size and for which child(ren) the eligibility applies. The investigative TANF shall be marked "Complete" with a Completed Date to record the child(ren)'s eligibility status for "regular" TANF using the 200% of Federal Poverty Level (FPL) standards.

(3) The supervisor or designee approves the investigative TANF as part of the investigation closure process.

b. In-Home Services. The case TANF Eligibility page in CCWIS must be completed for an initial TANF eligibility determination for each child in the following situations:

(1) When a child is receiving in-home services, an initial TANF must be approved within 30 calendar days of the case transfer staffing from investigations to case management.

(2) When a child has a break in living arrangement by one day, an initial TANF Eligibility determination must be approved within 30 calendar days of the living arrangement begin date.

(3) When a child is discharged from an out-of-home placement to a living arrangement and an effective TANF Eligibility determination does not exist in CCWIS, an initial TANF must be approved within 30 calendar days of the living arrangement begin date.

c. Out-of-Home Services. An initial case TANF Eligibility page must be completed in CCWIS for children in a removal episode upon the first occurrence of being placed in relative non-licensed or non-relative non-licensed out-of-home care, or licensed care with a relative if the child is Title IV-E Ineligible. The initial TANF Eligibility determination must be completed within 30 calendar days of placement.

3-3. Eligibility Requirements. The following eligibility requirements must be met in order for the family/child to qualify for “regular” TANF.

a. The child must be under the age of 18 and not emancipated by a court of competent jurisdiction.

b. The child must live with a parent or specified relative.

c. The child must be a United States citizen or qualified noncitizen.

d. The child must reside within the state of Florida.

e. Family/Child income must be below 200% of the FPL for household size.

(1) Income information must be obtained from the family when possible. However, when the family does not provide the income information, it may be obtained from available collateral sources. Self-declaration of income by the parent(s) or specified relative of the child is acceptable.

(a) The source of the income information must be entered in CCWIS on the Assets and Employment page. The income is then system derived and populated on the TANF page.

(b) When the source of income cannot be documented, or income information cannot be obtained, the child will be ineligible for TANF.

(2) When the child resides with his or her parent(s) or legal guardian at the time of the initial determination and/or redetermination of TANF Eligibility, the income of the child and family will be counted. The child’s parents and other minor siblings who are living together in the household with the child are considered one economic unit and all must be included in the TANF Eligibility determination. All the income of the child and child’s parents/legal guardian must be counted. When a child is under the jurisdiction of dependency court in out-of-home care or under Permanent Guardianship, the determination shall include the child only, even if supervision is terminated.

(3) When the child resides with a specified relative, other than the parents or legal guardian at the time of initial determination and/or redetermination of TANF Eligibility, only the income of the child is counted. The child will be considered a “family of one,” and only the income of the child is counted.

(4) The federal poverty levels are revised annually effective July 1.

3-4. Ongoing Eligibility.

a. TANF Eligibility is valid for 12 consecutive months. Ongoing TANF eligibility determinations apply to case TANFs, not investigative TANFs.

(1) For a TANF eligible child, TANF Eligibility redeterminations must be completed while the case is open for services and the child is living with a parent/legal guardian, non-licensed relative, or licensed relative if the child is Title IV-E Ineligible. The TANF redetermination must be approved within 10 calendar days from expiration of the current determination.

(2) For a TANF ineligible child, TANF Eligibility redeterminations must be completed when their out-of-home placement changes to a relative or to a parent.

b. When a TANF Eligibility redetermination is required, the child welfare professional or lead agency revenue maximization staff must ensure CCWIS reflects the current living arrangement/out-of-home placement, household, and financial information for the child and family.

3-5. CCWIS Documentation.

a. The Income and Assets pages must be completed for each parent, legal guardian, and child(ren) included in the TANF determination.

b. Investigation TANFs must be approved for each child protective investigation with the sub-type of 'In-home' or 'Other' when the investigation has been initiated through a face-to-face contact.

c. Case TANFs for initial determinations must be approved in CCWIS within 30 calendar days. The Effective From date of the TANF Eligibility date must be equal to the placement/living arrangement begin date.

(1) In-home services – within 30 calendar days from the case transfer staffing from investigations to case management.

(2) Out-of-home services – within 30 calendar days from placement.

d. Case TANFs for redeterminations must be approved in CCWIS within 10 calendar days of the expiration of the previous TANF eligibility determination or placement change date. The Effective From date of the TANF Eligibility redetermination shall be no more than one day after the expiration of the prior determination or equal to the placement/living arrangement begin date.

e. The TANF Eligibility Determination Due report in CCWIS must be used, at a minimum, every other week to identify cases which require the completion of a TANF Eligibility determination.

(1) For ICPC cases, a Legal Record must be created and a Legal Action Initiated of 'Custody of Other State – Begin' with a Legal Custody Status as 'Custody of Other State'.

Chapter 4

TITLE IV-E FOSTER CARE

4-1. Overview.

a. Title IV-E foster care offers federal matching funds to states with an approved Title IV-E State Plan to help care for children in licensed out-of-home settings until they can safely return home, be adopted, or placed in another planned arrangement for permanency. To claim these funds, program eligibility and reimbursability requirements must be met.

b. Title IV-E foster care is a program for children who meet the requirements for the foster care assistance program funded by Title IV-E of the Social Security Act. Program benefits include Medicaid coverage and foster care maintenance payments (FCMP).

4-2. Title IV-B, Title IV-E, and MEPA.

a. Title IV-B Protections. Title IV-E also requires that the state maintain compliance with all Title IV-B protections for children in out-of-home care. These protections include:

(1) A current case plan must be in effect and developed according to federal and state laws.

(2) Timely judicial reviews of the child's case must be held.

(a) The initial judicial review must be held no later than 90 days after the date of the disposition hearing or after the date of the hearing at which the court approves the case plan, whichever occurs earlier; but in no event shall the review be held later than six months after the date of the child's removal from the home.

(b) Judicial reviews must be conducted every six months after the initial review, or more frequently if the court deems necessary.

(3) The court must review the child's status to determine the safety of the child, the continuing necessity for and the appropriateness of the placement, the extent of compliance with the case plan, the extent of progress made toward resolving the issues necessitating the child's placement in out-of-home care, and a likely date of return to his or her home if the permanency goal is reunification. When the case plan goal is not reunification, a likely date that the child will be placed for adoption or with a legal guardian must be projected at the judicial review hearing.

(4) If the Department and the court have established a formal agreement that includes specific authorization for particular cases, the Department may conduct administrative reviews instead of the judicial reviews for children in out-of-home care. The following guidelines must be followed:

(a) Notices of such administrative reviews must be provided to all parties.

(b) An administrative review must not be substituted for the first judicial review, and in every case the court must conduct a judicial review at least every six months.

(c) Any party dissatisfied with the results of an administrative review may petition for a judicial review.

b. Multiethnic Placement Act and the Interethnic Adoption Provisions (MEPA-IEP). Title IV of the Social Security Act has always prohibited discrimination based on race, color, or national origin.

The Multiethnic Placement Act of 1994 and the Interethnic Adoption Provisions of 1996 (collectively known as MEPA-IEP) focus attention on similar aspects of foster and adoptive placements. The ultimate goal of MEPA-IEP is to decrease the length of time that children wait to be adopted and to ensure that children are expeditiously placed in permanent and safe homes.

(1) Neither the Department nor its contracted agents that receive funds from the federal government and are involved in adoption or foster care placements may:

(a) Deny any person the opportunity to become an adoptive or foster parent on the basis of race, color, or national origin of the person, or of the child involved; or,

(b) Delay or deny the placement of a child for adoption or into foster care on the basis of race, color, or national origin of the adoptive or foster parent or the child involved.

(2) The child's placement into foster care or for adoption must not be denied or delayed on the basis of race, color, or national origin of the prospective adoptive or foster parent of the child involved. In order to ensure that MEPA-IEP requirements are not violated the following are recommended guidelines for placement:

(a) Assess the individual placement needs of the child by taking into consideration the child's individual needs and best interests.

(b) Assess the available families' ability to meet the specific needs of the child by considering:

1. The capacity of the prospective family to meet the child's emotional, psychological, educational, developmental, and medical needs, including those related to the child's racial, ethnic, and/or cultural background, as appropriate.

2. The prospective family's feelings, capacities, preferences, and attitude as these relate to their ability to nurture a child of a particular background whether fostering or adopting.

3. The prospective family's ability to cope with the particular consequences of the child's developmental history and to promote the development of a positive self-image.

4. The family's ability to nurture, support, and reinforce the racial, ethnic, and/or cultural identity of the child and to help the child cope with all forms of discrimination and stigma that the child may encounter.

(3) The final selection should be made by identifying which family is most likely to meet all of the child's needs. Since no two families are the same, there is usually at least one distinguishing factor in a family's ability to care for a particular child; however, race, color, or national origin cannot be the distinguishing factor.

(4) Other guidelines include:

(a) The Department or its designees may not honor a request by the biological parent(s) regarding placement preferences for their child based on race, color, or national origin.

(b) Religious preferences are not covered in MEPA-IEP, unless a particular religion discriminates based on race, color, or national origin.

(c) MEPA-IEP does not prohibit kinship or relative placement preferences. The exception is when the child's placement is delayed while an extended search is made for a suitable relative who will take the child when another family is available and can meet the child's needs.

(d) The case file must document the steps taken to identify an appropriate foster or adoptive placement for the child and the reason(s) for the selection of a particular family.

(5) The U.S. Department of Health and Human Services (HHS) makes it clear that MEPA-IEP violations include denials overtly based on race, color, or national origin, as well as using other arbitrary and prohibitive standards. Prohibitive standards include those related to age, income, education, family structure and size, or ownership of housing, when they do not have an impact on the ability of the prospective family to meet the needs of the child.

(6) MEPA-IEP requires states to recruit potential families that reflect the ethnic and racial diversity of children needing foster and adoptive placements. HHS recommends that states develop recruitment plans that include the following characteristics:

(a) The plan should focus on developing a pool of potential foster and adoptive parents that are willing and able to foster or adopt the children needing placement.

(b) The plan should include both general and targeted activity. General recruitment activities make use of radio, television, print, and social media to disseminate information. Targeted recruitment activities include dissemination of information in specific communities, and the development of partnerships with community and religious groups to make waiting children more visible and to identify and support prospective adoptive and foster parents.

(c) The plan should include activities to provide potential foster and adoptive parents with information about the characteristics and needs of the available children, the nature of foster care and adoption, and supports available to foster and adoptive parents.

4-3. Title IV-E Foster Care.

a. Title IV-E foster care maintenance payments (FCMP) made to licensed out-of-home care providers cover:

(1) The cost of (and the cost of providing) food, clothing, shelter, daily supervision which includes child care costs for working foster parent(s), school supplies, a child's personal incidentals, allowance, liability insurance with respect to the child, reasonable travel to the child's home for visitation, and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement; and,

(a) Child care costs may be included in the FCMP paid to the foster parent or paid directly to the state licensed, approved, or exempt child care provider. The child care must be necessary due to the foster parent(s) employment or due to the foster parent(s) participation in activities that are not within the realm of ordinary parental duties.

(2) In the case of residential group care, payments may include the reasonable costs of administration and operation of such facility necessary to provide the items noted under paragraph (1) above.

b. Two major concepts are important for claiming Title IV-E foster care maintenance payments: eligibility and reimbursability.

(1) The child's eligibility is based upon circumstances at the time court proceedings were initiated or a voluntary placement agreement is executed and includes judicial findings (Contrary to Welfare and Reasonable Efforts to Prevent Removal or Best Interest) and AFDC technical and financial criteria.

(2) The child's reimbursability status will vary over the duration of the removal episode, depending on the type of setting he or she is placed in, SSI eligibility, and certain ongoing judicial findings about the child.

c. All children who enter out-of-home care must have an eligibility determination for Title IV-E eligibility and reimbursability completed and approved within 30 calendar days from the start of the removal episode.

4-4. Initial Title IV-E Foster Care Eligibility. An initial Title IV-E eligibility determination is comprised of judicial requirements and AFDC criteria.

a. Finding of "Contrary to the Welfare" for Court-Ordered Removal.

(1) A judicial finding of contrary to the welfare (CTW) must be made in the first court order that approves/sanctions the removal of the child from the home. The written finding or court order should include language that remaining in the home is CTW of the child, or that placement in out-of-home care is in the best interest of the child. If the finding is not made, the child is Title IV-E Ineligible for the entire removal episode.

(a) If the initial court hearing is continued and a judicial finding sanctioning the removal was not made, the CTW finding must be obtained in the subsequent hearing.

(2) For Title IV-E purposes, the effective date of a court order is the date the hearing occurred if referenced in the signed order. If the date of the hearing is not referenced in the order, the date the order is signed is used.

(3) Judicial findings must be made on a case-by-case basis per the individual circumstances of the child. The CTW finding suggests that the child's current situation is not safe or suitable and is not in the child's best interest. Examples of acceptable substitutions that will meet the CTW and best interest judicial finding requirement for Title IV-E include:

(a) The child has no parent, guardian, or legal custodian to provide for his or her care and supervision.

(b) The release of said child (back to the removal home) will present a serious threat of substantial harm to the child.

(c) The parent, guardian, or legal custodian is not willing to take custody of the child.

(d) A manifest danger exists that the child will suffer serious abuse or neglect if he or she is not removed from the home.

(e) The conflict that exists cannot be resolved by delivery of services to the family during the continuous placement of the child in the parent's home.

(4) Court orders that reference a state law to substantiate judicial determinations are not acceptable even if state law provides that a removal must be based on a judicial determination that remaining in the home would be CTW of the child or that removal can only be ordered after reasonable efforts have been made. In keeping with this mandate, the following statements are not acceptable CTW language:

- (a) The child's removal was pursuant to the intent of [Chapter 39](#), F.S.
- (b) The child was removed according to criteria provided by law.
- (c) There is probable cause to believe the child is dependent.

(5) The use of nunc pro tunc orders or amended orders for the purpose of incorporating a judicial finding of contrary to welfare that was not included in the appropriate court order are not allowable for Title IV-E documentation. Therefore, if the required judicial determination is not included, a transcript of the court proceedings is the only other acceptable documentation to verify that the required judicial determination was made.

b. Finding of Reasonable Efforts for Court-Ordered Removal.

(1) The court must make a judicial finding that the Department has made reasonable efforts to prevent the unnecessary removal of the child, or that reasonable efforts were not required. If the judicial finding is not made within 60 calendar days of the removal, the child will be Title IV-E Ineligible for the entire removal episode.

(2) For a child to be reimbursable for Title IV-E funding, federal law requires the court to make a finding regarding the child's removal that:

(a) Reasonable efforts were made to prevent or eliminate the need for removal, as long as the child's safety can be assured. The court, after hearing the evidence, must make a written finding that the Department's efforts to eliminate the need for removal were reasonable; or,

(b) The provision of services at the time of the removal could not have ensured the child's safety in the home. The court, after hearing the evidence, must make a written finding that the lack of the provision of preventative services was reasonable and that the removal of the child from the home was the only means of ensuring his or her immediate safety; or,

(c) No reasonable efforts are required to prevent the removal or to reunify the family. When a court determines that reasonable efforts to return the child home are not required, a permanency hearing is held within 30 days of that determination, unless the requirements of the permanency hearing were fulfilled at the court hearing in which the court determined that reasonable efforts to reunify the child and family are not required.

(d) Reasonable efforts to prevent removal or to reunify family are not required when a court of competent jurisdiction determines that the parent subjected the child to "aggravated circumstances" as defined in section [39.806\(1\)\(f\)-\(n\)](#), F.S., or when the parent has committed crimes named in the Child Abuse Prevention and Treatment Act.

(3) Title IV-E claiming cannot begin until the month in which this judicial finding is made. For Title IV-E purposes, the effective date of a court order is the date the hearing occurred if referenced in the signed order. If the date of the hearing is not referenced in the order, the date the order is signed is used.

(4) The use of nunc pro tunc or amended orders for the purpose of incorporating a judicial finding of reasonable efforts that was not included in the appropriate court order are not allowable for Title IV-E documentation to support the judicial finding. Therefore, if the required judicial determination is not included in the appropriate court order, a transcript of the court proceedings is the only other acceptable documentation to verify that the required judicial determination was made.

c. Finding of Best Interest for Voluntary Removal.

(1) Title IV-E may be claimed for 180 days after the execution of a voluntary placement agreement. To continue to claim Title IV-E after 180 days, a judicial finding must be made to the effect that such placement in out-of-home care is in the best interest of the child. If the finding is not made, the child is Title IV-E Ineligible for the remainder of the removal episode. See paragraph 4-10 of this operating procedure for further guidance on voluntary licensed foster care.

(2) For Title IV-E purposes, the effective date of a court order is the date the hearing occurred if referenced in the signed order. If the date of the hearing is not referenced in the order, the date the order is signed is used.

(3) The use of nunc pro tunc or amended orders for the purpose of incorporating a judicial finding of reasonable efforts that was not included in the appropriate court order are not allowable for Title IV-E documentation to support the judicial finding. Therefore, if the required judicial determination is not included in the appropriate court order, a transcript of the court proceedings is the only other acceptable documentation to verify that the required judicial determination was made.

d. Removal Home. To be Title IV-E Eligible, the removal home must be a Specified Relative who is a parent or legal guardian. For the purposes of establishing the removal home, a legal guardian is a person, other than a parent, who has legal custody of a child as defined in section [39.01\(39\)](#), F.S.

(1) A child may be removed from a variety of situations and still qualify for Title IV-E, including, for example:

- (a) A hospital, following either birth, an illness, or injury;
- (b) A homeless shelter;
- (c) A car or other vehicle; or,
- (d) A tent or other temporary shelter.

NOTE: A child who was placed in a treatment facility by the parents is considered to be living with the parents for the purpose of establishing AFDC criteria.

(2) The child's removal may be considered a "physical" or "constructive" removal pursuant to a voluntary placement agreement or a court order.

(a) Physical Removal. A physical removal occurs when the child leaves the removal home or the person subject to the CTW finding leaves the home at the time of the court order or voluntary placement agreement.

(b) Constructive Removal. A constructive removal occurs when the child is living with a person other than the person subject to the CTW finding at the time the court order or voluntary placement agreement authorizes the removal of the child. The child may or may not remain in the same home at the time of the action. The child must have lived with the person who is subject of the CTW finding within six calendar months of the initiation of court proceedings or execution of the voluntary

placement agreement. The child also must have been AFDC-eligible in the removal home in the month of, but prior to, the child's constructive removal, as if the child still had been living in the removal home.

(3) If the Department or authorized agent takes custody of a child then immediately arranges for the child to live with the other legal parent, no removal has occurred. This is considered a "living arrangement" and not a removal/placement in out-of-home care. A child may not be released to the other parent until an Other Parent Home Assessment is completed and approved per [CFOP 170-7, Chapter 5](#). (If the child is subsequently "removed" from this living arrangement, an order must be obtained to the effect that reasonable efforts were made to prevent the removal and that it is CTW of the child to remain in this home.)

Example 1: The mother gives birth in March 2019 while incarcerated. The father is unknown. The mother is not able to identify a caregiver for the child. The Department files a shelter petition in March 2019, removes the child, and places the child in licensed foster care. The shelter petition filed alleges the child has no parent to provide care. The court order indicates a CTW finding against the mother as not providing or arranging for proper care of the child. The removal home is the mother. Removal type: Physical. AFDC Month: March 2019. Potentially Title IV-E eligible.

Example 2: The mother gives birth in March 2019 while incarcerated and immediately arranges for a relative to care for the child. The Department became involved, removed the child, and placed the child in licensed foster care. The shelter petition was filed in September 2019. The court order indicates a CTW finding against the mother as not providing or arranging for proper care of the child and substance abuse against the father. The removal home is the mother as the parent who last had custody of the child. Removal type: Constructive. AFDC Month: September 2019. Potentially Title IV-E eligible.

Example 3: The mother and father live together and arranged for the child to temporarily reside with a relative in March 2019. While placed with the relative, the child has several reports of medical neglect. The Department becomes involved, removed the child, and placed the child with a relative. The shelter petition was filed in December 2019. The court order indicates a CTW finding against both parents for medical neglect. The removal home is the parents. Removal type: Constructive. AFDC Month: December 2019. Title IV-E Ineligible.

4-5. AFDC Eligibility. As part of the Title IV-E eligibility determination, the child must meet AFDC technical and financial eligibility requirements, according to the Title IV-A State Plan in effect on July 16, 1996. If a child would have been eligible to receive AFDC as of the month court proceedings were initiated or Voluntary Placement Agreement executed, he or she has met the financial and technical criteria for Title IV-E eligibility.

NOTE: AFDC should not be confused with Temporary Cash Assistance or TANF because the eligibility requirements differ.

a. Lead agency revenue maximization staff use the facts of the removal home to enter data in CCWIS which will determine if the child would have been eligible to receive AFDC under rules in effect on July 16, 1996, had an application been made. The child must meet both technical and financial requirements based on the Assistance Group (AG) and Standard Filing Unit (SFU). In collecting the facts and information for AFDC criteria, information may be collected and verified through various means such as access to systems used by Economic Self-Sufficiency (FLORIDA) and Department of Economic Opportunity, telephonically and the entry of a CCWIS Narrative documenting the conversation, Family Functioning Assessment (FFA), court indigency document, collateral contact and the entry of a CCWIS Narrative documenting the contact, written statements, pay stubs, or self-declaration. At a minimum, for every Title IV-E foster care determination, lead agency revenue maximization staff must review FLORIDA and the most current FFA for information relating to the Title IV-E determination. Any instance of conflicting information shall be resolved.

b. Assistance Group (AG) versus Standard Filing Unit (SFU). To determine a child's AFDC eligibility, it is necessary to identify the members of the AFDC SFU from among those living in the home of removal identified in the AG. See Attachment 4 to this chapter for additional guidance.

(1) The following people who live in the removal home must be included in the AFDC AG:

(a) The child for whom eligibility is being determined; and,

(b) The child's siblings (including those legally adopted, half-related, or step-siblings) who are under the age of 18, and who have never been married or marriage was annulled; and,

NOTE: If the sibling turns 18 in the AFDC month, the sibling shall be included in the AG unless born on the first day of the AFDC month.

(c) The child's legal parents, including natural or adoptive parents; and,

(d) The child's stepparent/legal parent of a mutual sibling when a mutual child resides in the home and meets deprivation criteria. The AG may be split when there is not a deprived mutual child in the home. See Attachment 4 to this chapter for additional guidance.

(2) Any person included in the AG must be included in the SFU unless one of the following applies:

(a) Any person (child, sibling, or adult) who is receiving SSI;

NOTE: If the child for whom eligibility is being determined receives SSI, he or she would not be included in the SFU for AFDC budgeting purposes. This does not exclude the child from being Title IV-E eligible.

(b) Any person (child, sibling or adult) who does not meet the AFDC requirements for U.S. citizenship or Qualified, Non-Citizen status due to not having a valid immigration status pursuant to 45 CFR §233.50, including a child's natural or adoptive parent; or,

NOTE: If a parent is not included in the SFU due to not meeting U.S. Citizen or Qualified Non-Citizen status, the parent's income is considered toward the child's determination using the Applied Income calculation method.

(c) Any child or sibling receiving Adoption Assistance benefits.

(3) When a child for whom eligibility is being determined is an SSI recipient at the time at which AFDC applies, the child is considered to have automatically met the AFDC financial criteria. The child is the only AG member considered.

c. Technical Requirements. Technical requirements include:

(1) Florida Residency. There is no minimum time of residency requirement. There need only be the intent that the child resides in Florida.

(2) Citizenship or Qualified Non-Citizen Status. A child must be:

(a) A United States citizen; or,

(b) A qualified non-citizen as defined by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA; P.L. 104-193). Under Section 431 of PRWORA, a qualified non-citizen's access to federal public benefits is restricted for five years beginning on the date of entry into the United States, unless subsection (b), (c), or (d) of Section 431 applies. Under PRWORA, a qualified non-citizen is:

1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA);
2. An alien granted asylum under Section 208 of INA;
3. A refugee admitted to the United States under section 207 of INA;
4. An alien paroled into the United States under section 212(d)(5) of INA for a period of at least one year;
5. An alien whose deportation is being withheld under Section 243(h) of INA;
6. An alien granted conditional entry under section 203(a)(7) of INA as in effect prior to April 1, 1980;
7. If the child is a qualified alien who is placed with a qualified alien or United States citizen, the date the child entered the United States is irrelevant and the five-year restriction on federal public benefits does not apply; or,
8. If the child is a qualified alien who entered the United States on or after August 22, 1996, and is placed with an unqualified alien, the child would be subject to the five-year residency requirement for federal public benefits under section 403(a) of PRWORA unless the child is in one of the excepted groups.

(3) Specified Relative. The child must have been living with and removed from the home (removal home) of a Specified Relative. The definition includes any relative by blood (including half-blood), marriage, or adoption within the fifth degree of kinship to the child even if the marriage was terminated by death or divorce. See paragraph 4-4.d. of this operating procedure for more information on removal home.

(a) A legal determination of paternity shall be considered despite a claim of biological paternity. In the absence of a legal determination of paternity, a non-judicial determination of paternal relationship must be made on the natural, biological father or his relatives as listed herein. If a legal determination of paternity was in effect at the time in which AFDC applies, which contradicts a non-judicial determination, the initial foster care Title IV-E Eligibility Determination shall be voided and reconstructed. A non-judicial determination of paternity is made by one of the following methods:

1. The child's birth certificate; or,
2. Written or oral statement verifying paternal relationship from individuals who have personal knowledge of the blood relationship. This method requires two collateral statements; or
3. Other verification documentation that verifies alleged relationship such as, but not limited to, hospital records, school records, religious records, tax returns, etc.

(b) The following relatives meet the specified degree of relationship for a specified relative:

1. First Degree: Parent (adoptive, legal, or biological) or stepparent;

2. Second Degree: Sibling and grandparent, or stepsibling;

NOTE: The parent of a stepparent is not a specified relative.

3. Third Degree: Great-grandparent, aunt, uncle, niece, or nephew;

4. Fourth Degree: Great-great grandparent, great-aunt, great-uncle, or first cousin; and,

5. Fifth Degree: Great-great-great-grandparent, great-great aunt, great-great uncle, or first cousin once removed.

(4) Age. The child must be 17 years of age or younger. Verification of age shall occur by birth certificate, vital statistics system, medical birth record, or other government issued identification.

(5) Deprivation. The continued absence of one or both birth or adoptive parents, or a legal parent from the home constitutes the basis for deprivation of parental support or care. A determination of deprivation must be as of the circumstances in the removal month but prior to the removal. See Attachment 2 to this chapter for additional guidance. Deprivation of parental support in relation to the home from which the child is removed exists due to:

(a) Death of a parent (either parent of a child is deceased).

(b) Continued absence of the parent from the home. There is a continued absence of one or both parents when:

1. One or both parents are out of the home and the nature of this absence is such as to either interrupt or terminate the parent's functioning as a provider of maintenance, physical care, or guidance for the child; or,

2. Absence due to divorce, separation (except when planned and does not break marital ties), incarceration, or other verified and documented circumstances.

NOTE: Deprivation does not exist in a two-parent household when one or both parents are away from the home due to military deployment.

3. A determination of a legal or biological paternal parent (in the absence of a legal parent) cannot be established as of the Date AFDC Applies. See Attachment 2 of this Chapter for further guidance.

(c) Physical or mental incapacity. Incapacity is documented as parental deprivation in a one-parent or two-parent household as follows:

1. One or both parents' receipt of SSI or being found eligible for Old-Age, Survivors, and Disability Insurance (OASDI) or SSI based on disability or blindness;

2. One or both parents receive Social Security Benefits based on disability or blindness; or,

3. One or both parents have a physical or mental defect, illness, or impairment that is expected to last at least 30 days, is supported by competent medical testimony, and substantially reduces or eliminates the parent's ability to support or care for the child.

(d) Unemployment or underemployment. Deprivation exists due to unemployment/underemployment when both parents (the mother and legal or non-legal father on whom a non-judicial determination of paternity has been made) live together with the child at the time of removal, and one parent is determined to be the primary (principle wage) earner with sufficient work history and meets the special unemployed criteria as identified in Attachment 2 to this chapter.

d. Financial Requirements. A child must be determined "needy" to meet AFDC criteria. This determination is assessed through two financial criteria: assets and income. The financial requirements that must be met are based on the rules in effect on July 16, 1996. Financial changes that occur after the child's removal are not considered. See Attachment 1 to this chapter for additional guidance. Financial requirements include:

(1) Asset Limit. The child nor the family may have an accumulation of more than \$10,000 in countable and accessible assets. If the countable asset value exceeds \$10,000, the child does not meet AFDC criteria. Assets must be considered available to the participant such that the participant has the legal ability to access the asset even if a penalty applies.

(a) For CCWIS to calculate the asset limit and appropriate disregards for the SFU or Alien Parent and Sponsor(s), the revenue maximization specialist must enter in the CCWIS Assets and Employment module all types of assets applicable to the participants. See Attachment 1 to this chapter for additional guidance.

(b) Assets are determined based on the equity value or amount depending on the asset type. Equity value is determined by the estimated value of the asset minus any indebtedness. The equity value or amount of the asset is as of the Date AFDC Applies. See Attachment 5 to this chapter for additional guidance regarding determining the equity value of a vehicle.

(2) Income Limit. This requirement is a two-step process based on the income of the SFU compared to the Consolidated Need Standard (CNS).

(a) Lead agency revenue maximization specialist must ensure all sources of income, earned and unearned, are entered into the CCWIS Assets and Employment module for accurate CCWIS calculations.

(b) Income that is received in a frequency other than monthly is converted to a monthly amount. Calculations for income that begins or ends in the month AFDC Applies is treated based on actual income received. The monthly conversions are:

1. Annually = Gross Income divided by 12
2. Every 6 Months = Gross Income divided by 6
3. Quarterly = Gross Income divided by 3
4. Twice Monthly = Gross Income multiplied by 2
5. Biweekly = Gross Income multiplied by 2.15

6. Weekly = Gross Income multiplied by 4.3

7. Hourly = (Gross Income X Hours Per Week X 30.416) divided by 7

Consolidated Need Standard (CNS) Table:

| SFU Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|-------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 100% Income Limit | \$645 | \$864 | \$1082 | \$1300 | \$1519 | \$1737 | \$1955 | \$2174 | \$2392 | \$2610 |
| 185% Income Limit | \$1194 | \$1598 | \$2002 | \$2405 | \$2809 | \$3213 | \$3617 | \$4021 | \$4425 | \$4829 |

100% – add \$219 for each SFU size over 10; 185% – add \$404 for each SFU over 10

(c) Step One of the Income Test – Gross Income Limitation. Determine if the SFU's gross countable income is less than 185% of the CNS, after applying appropriate exclusions and disregards. If the SFU's adjusted gross income is more than 185% of the CNS, the child would have been ineligible for AFDC and is not eligible for Title IV-E. If the SFU's adjusted gross income does not exceed 185% of the CNS, proceed to Step 2. See Attachment 1 to this chapter for additional guidance.

(d) Step Two of the Income Test – Determination of Need. Compare SFU's countable income, after applying further appropriate disregards, to 100% of the CNS. If the SFU's income exceeds 100% of the CNS, the child would not have been eligible for AFDC and is not eligible for Title IV-E. If the SFU's adjusted gross income does not exceed 100%, the child would meet AFDC financial criteria. See Attachment 1 to this chapter for additional guidance.

(e) When an SFU member reduced their income without good cause, the employment disregard is not applied. Reduced Income is defined as the date the reduced salary is received. Good cause for reducing earned income is:

1. Severe illness of client or child or other household member.
2. Unsafe working conditions or sexual harassment.
3. Lack of adequate childcare.
4. Transportation problems.
5. Advanced age.

6. Attendance at a secondary or technical school necessary to complete the course or to obtain certificate or diploma.

(3) Applied Income. When a household member is not included in the AG, but their income shall be considered, the income is calculated using an Applied Income budgeting method. Applied Income is counted in Step One and Step Two of the income determination. The scenarios in which Applied Income budgeting methods are used are the following:

(a) When a Minor Parent lives with his or her parent(s) in the removal home, the income of the child's grandparent(s) is the only income calculated in the determination using the applied income budgeting method. The Minor Parent and the child are not considered dependents of the grandparent for the purposes of the Applied Income calculation.

(b) When a stepparent lives in the removal home but is excluded from the AG and SFU, the income of the stepparent is calculated in the determination.

(c) When a parent in the removal home does not meet citizenship criteria, the income and assets of the alien parent is calculated in the determination.

(d) When the sponsor(s) of an alien parent reside(s) in the removal home, the income and assets of the sponsor and sponsor's spouse, if applicable, is calculated in the determination for three years following the alien parent's entry into the United States.

4-6. Reimbursability. A Title IV-E foster care eligible child must meet reimbursability requirements prior to claiming federal financial participation for Title IV-E foster care maintenance payments (FCMP).

a. Reimbursable Facilities or Placement. The child must be placed in a Title IV-E eligible placement. Eligible placements are those that are fully licensed and meet Safety Requirements (per section [409.175](#), F.S., Chapters [65C-14](#), [65C-15](#), and [65C-45](#), F.A.C., and/or [Chapter 15](#) of CFOP 170-11):

(1) Family foster homes which are licensed and meet the criteria of sections [409.145](#) and [490.175](#), F.S., and Rule [65C-45](#), F.A.C.

(2) Child-Caring Agency (CCA) which is considered an FFPSA Specified-Setting. FFPSA Specified-Settings are defined as:

(a) CCA is licensed as therapeutic group care by the Agency for Health Care Administration with a qualified residential treatment program (QRTP) credential. CCWIS License Type = Non-DCF License, CCWIS Sub-Type = AHCA with Qualified Residential Treatment Program (QRTP) credential checked.

(b) CCA is licensed as specialized in providing prenatal, post-partum, or parenting supports for youth. CCWIS Licensure Sub-Type = Maternity.

(c) CCA is licensed as a Safe House for confirmed victims of human trafficking. CCWIS License Sub-Type = Safe House.

(d) CCA is licensed as an At-Risk Home for children who are at-risk of sex trafficking. CCWIS License Sub-Type = At-Risk.

(3) FFPSA Non-Specified Setting CCA placements through the 14th day of a child's placement.

(4) CCAs, including public institutions with 25 beds or less, for up to the first 14 calendar days of each placement. Despite being an FFPSA Non-Specified Setting Child Caring Institution (CCI), otherwise allowable administrative costs for a child's placement are claimable for the length of the placement.

NOTE: The reimbursable setting limitations are effective for new FFPSA Non-Specified Setting CCA placements as of 10/1/2021. Reimbursement will continue to be claimed for a child placed in a CCA prior to 10/1/2021 as long as the child does not experience a placement change.

(5) For child caring or child-placing agency homes, the Department must have a contract with the agency for making and/or supervising placements. Title IV-E foster care payments may flow through a for-profit agency to the foster care provider. The payments must go directly to the foster home parents or through the public or private non-profit child-placing or child caring agency.

b. Non-Reimbursable Placements. Non-reimbursable placements include:

(1) Unlicensed homes.

(2) CCA public facilities with more than 25 beds.

- (3) Detention/locked facilities.
- (4) Training schools or youth camps.
- (5) Hospitals – medical or psychiatric.
- (6) Any other facility operated primarily for the detention of children who are determined to be delinquent.
- (7) FFPSA Non-Specified Setting CCA placements as of the 15th day of a child's placement.
- (8) As of the 1st day of a child placed in a QRTP when the 30-day assessment by a qualified individual was not completed within 30 calendar days of the start of the placement.
- (9) As of the 1st day after the 30-day assessment determines placement in a QRTP is not appropriate, and the child remains placed in a QRTP or the subsequent placement after discharge is a residential group care setting.
- (10) As of the 61st day of a child placed in a QRTP when the court has not approved the placement within 60 calendar days.
- (11) As of the 1st day after the court denies placement in a QRTP, and the child remains placed in a QRTP or the subsequent placement after discharge is a residential group care setting.
- (12) For a child 13 years of age or older, as of the 1st day after 12 consecutive months or 18 non-consecutive months in a QRTP, and the child remains placed in a QRTP or the subsequent placement after discharge is a residential group care setting, when approval has not been obtained.
- (13) For a child under 13 years of age, as of the 1st day after 6 consecutive or non-consecutive months in a QRTP and the child remains placed in a QRTP or the subsequent placement after discharge is a residential group care setting, when approval has not been obtained.

c. Eligibility Proration. Title IV-E reimbursement will be prorated when a child resides in a foster home or facility for a portion of the month. If an eligible child is residing in a foster home or facility whose licensure or safety requirements are out of compliance, Title IV-E reimbursement cannot be claimed for any day in which a child is placed during the non-compliance period.

d. Brief Absences. If a child placed in a foster home or facility is absent for a portion of the month, not to exceed 14 days, and the placement with the same provider continues after the brief absence, a full month of foster care maintenance payment may be claimed. If the absence exceeds 14 days, the claim must be prorated.

e. Court Ordered Placement. Title IV-E reimbursement must not be claimed when the court orders a child's placement with a specific licensed provider or facility. To be eligible for Title IV-E foster care maintenance payments, the child's placement and care responsibility must lie with the Department. Once a court orders a placement with a specific provider without the recommendation of the Department or designee, the court has assumed the Department's placement and care responsibility and the child's foster care maintenance payments become Non-Reimbursable. This does not apply to situations where the court order merely names the child's placement as an endorsement or approval of the placement choice.

f. Placement and Care Responsibility. For a child to be reimbursable for Title IV-E, the Department must obtain and maintain placement and care responsibility of the child. This does not require that the custody/placement of the child remain with the Department; however, the Department must maintain supervision. Placement and care responsibilities include development and assessment of case plans, ensure proper care and services are provided to facilitate the permanency goal, and oversee the appropriateness and suitability of the placement.

(1) Title IV-E claiming cannot begin until the month in which this judicial finding is made. For Title IV-E purposes, the effective date of a court order is the date the hearing occurred if referenced in the signed order. If the date of the hearing is not referenced in the order, the date the order is signed is used.

(2) The use of nunc pro tunc or amended orders for the purpose of incorporating a judicial finding of placement and care responsibility that was not included in the appropriate court order is not allowable for Title IV-E documentation to support the judicial finding. Therefore, if the required judicial determination is not included in the appropriate court order, a transcript of the court proceedings is the only other acceptable documentation to verify that the required judicial determination was made.

4-7. Ongoing Title IV-E Foster Care Eligibility. A redetermination of Title IV-E eligibility must be completed at least annually in CCWIS to document ongoing Title IV-E eligibility requirements and when there are changes in the child's circumstances that may affect his or her Title IV-E eligibility.

a. For a Title IV-E eligible child to maintain a reimbursable status, a judicial finding of "reasonable efforts to finalize the child's permanency plan" (REFPP) must be made within 12 months of the date the child is considered to have entered foster care and within every subsequent 12-month period while the child remains in out-of-home care.

(1) A judicial finding must be made that the Department/lead agency made (or is making) reasonable efforts to finalize the permanency plan for the child based on the permanency plan that is in effect. Judicial findings must be made on a case-by-case basis per the individual circumstances of the child. The use of nunc pro tunc or amended orders for the purpose of incorporating a judicial finding of reasonable efforts to finalize the child's permanency plan that was not included in the appropriate court order is not allowable for Title IV-E documentation to support the judicial finding. Therefore, if the required judicial determination is not included in the appropriate court order, a transcript of the court proceedings is the only other acceptable documentation to verify that the required judicial determination was made.

(2) Failure to obtain this initial judicial finding of reasonable efforts to finalize the child's permanency plan and subsequent findings as described above makes the child temporarily non-reimbursable for Title IV-E foster care. The child becomes non-reimbursable beginning the first day of the month after the month the finding is due and remains non-reimbursable until the first day of the month in which the finding is made. For Title IV-E purposes, the effective date of a court order is the date the hearing occurred if referenced in the signed order. If the date of the hearing is not referenced in the order, the date the order is signed is used.

(3) The date the child is considered to have entered foster care is the date that is the earlier of either:

(a) A judicial finding to the effect that the child has been subjected to child abuse or neglect; or,

(b) Sixty calendar days after the date the child is physically or constructively removed from the home through a court order or voluntary placement agreement.

b. When a change occurs, certain factors of the child's eligibility must be assessed to determine if the child continues to be Title IV-E reimbursable. The following changes require the completion of a redetermination in CCWIS:

- (1) Placement changes;
- (2) Expired license for current placement provider;
- (3) Non-compliance with criminal record checks for current placement provider;
- (4) SSI benefits begin or terminate; or,
- (5) Change in placement and care responsibility.

c. If the child leaves out-of-home care to be placed with a parent, the child is not considered to be in foster care status, even if the Department or lead agency maintains a supervisory role with the child and family. The removal episode shall be discharged. In the event the child returns to foster care, a new determination of the child's eligibility based on the circumstances at the time of the new removal is required.

d. Trial home visits to a child's home are not considered interruptions in the foster care status, unless the trial home visit lasts for more than six months without a court order extending the visit.

e. If the child leaves the foster home and is placed in a state training school or similar facility for a temporary period, and the removal court order is still in effect, a new determination of the family's eligibility is not required when the child returns to the foster home.

4-8. Removal Episode. A "removal episode" refers to the period of time that begins with the child's removal (physically, judicially, or voluntarily) and includes one or more subsequent placements in out-of-home care settings.

a. Once the court makes a judicial determination that it is contrary to the child's welfare to remain in the home, the child cannot remain with the subject of the CTW finding unless the court specifies an alternative timeframe. If no alternative timeframe was established, the removal requirement is not met and the child is ineligible for Title IV-E.

b. A removal episode ends when a child is:

- (1) Reunified with his or her parent(s); this does not include a child who is returned for a trial home visit. A trial home visit is considered a "step in the reunification process," unless it extends for more than six months without a judicial extension; or,
- (2) Legally adopted (finalized); or,
- (3) Permanently placed in the home of a relative or non-relative and the Department and court involvement ceases, (i.e., permanent guardianship); or,
- (4) Emancipation; or,
- (5) Legally married with no annulment of the marriage; or,
- (6) Aged out of care between the ages of 18 and 21, if child was in the legal custody of the Department at age 18 and opted out of Extended Foster Care (EFC).

4-9. Dual Eligibility – Title IV-E and Third-Party Benefits.

a. A child may receive Social Security benefits, Veteran’s Administration (VA) benefits, or Railroad Retirement (RR) benefits and still be eligible for Title IV-E. When the child receives SSA, VA, or RR benefits, the child’s cost of care may be shared between Title IV-E and the federal benefit received and should be pursued when appropriate.

(1) When a child receiving Social Security Administration or third-party benefits enters unlicensed out-of-home care and is placed in the caregiver’s custody, the lead agency must assist the caregiver with contacting the Social Security Administration or applicable agency to apply to become the child’s representative payee.

(2) When a child receiving Social Security Administration or third-party benefits enters out-of-home care and is placed in the Department’s custody, the Social Security Administration or applicable agency must be contacted promptly to have the benefit suspended and the lead agency must apply to become the child’s representative payee. Please refer to CFOP 170-16, Chapter 3 for policy on Master Trust accounts.

(a) When a child is placed with a caregiver as a Level I licensed placement, as defined by section [409.175\(5\)\(a\)1](#), F.S., the caregiver shall be the representative payee of the child’s Social Security Administration or third-party benefit. If the benefit amount does not equal the board rate as established by section [409.145\(3\)](#), F.S., an FCMP must be issued equaling the difference between the benefit amount and such rate.

(b) For a child receiving Supplemental Security Income (SSI) benefits, cost sharing with Title IV-E is not an option and a decision must be made regarding which federal benefit will be claimed for the child’s cost of care. The State of Florida elects to claim the federal benefit through the Social Security Administration, thus resulting in the cost of care not being reimbursable under Title IV-E.

The unearned income of SSI must be documented on the child’s Assets/Liabilities and Unearned Income tab of the Assets and Employment page. If the child is Title IV-E eligible, the appropriate CCWIS eligibility determination is “Title IV-E Eligible, Not Reimbursable”.

1. When a child receiving SSI enters unlicensed out-of-home care and is placed in the caregiver’s custody, the lead agency must assist the caregiver with contacting the Social Security Administration to apply to become the child’s representative payee.

2. When a child receiving SSI enters out-of-home care and is placed in the Department’s custody, the Social Security Administration must be contacted promptly to have the benefit suspended and the lead agency must apply to become the child’s representative payee. The SSI will offset the cost of care for the child; however, the administrative costs will be claimed to Title IV-E. Please refer to CFOP 170-16, Chapter 3 for policy on Master Trust accounts.

When a child is placed with a caregiver as a Level I licensed placement as defined by section [409.175\(5\)\(a\)1](#), F.S., the caregiver shall be the representative payee of the child’s SSI and will not receive a foster care maintenance board payment. This does not exclude the licensed caregiver from receiving any other benefits as a licensed foster care provider as determined by the lead agency.

(3) Each lead agency and region must have an established protocol in place that fulfills the requirements of the local Social Security Administration.

4-10. Voluntary Foster Care.

a. When there are no abuse or neglect issues involved, a parent(s) or legal guardian may sign a voluntary foster care agreement with the Department for the temporary placement of a child in licensed foster care. Title IV-E may be claimed for the child's placement if the child and family meet the eligibility criteria. Refer to paragraphs 4-3, 4-4, 4-5, and 4-8 of this operating procedure for Title IV-E eligibility requirements.

(1) A signed Voluntary Placement Agreement (VPA), form CF-FSP [5004](#) (available in DCF Forms), must be executed and be retained in the child's case record. The VPA must be scanned into the case File Cabinet in CCWIS.

(2) The agreement must contain the signature of the parent(s) or legal guardian(s) and the Department representative and the date the agreement was signed. If the signings occurred on different dates, the date of the final signature is the agreement date.

4-11. Children of Minor Parents in Foster Care. A child living with his or her minor parent in a licensed placement is not considered to be in "foster care" if the minor parent's child has not been legally removed from the parent pursuant to a voluntary licensed placement agreement or a judicial determination.

a. When the minor parent retains custody of his or her child and the child remains in the same home as the minor parent, the board payment to the foster parent is increased to cover the needs of the minor parent's child. The needs of the child living with a minor parent in the same licensed foster home are included in the Title IV-E payment being made on behalf of the minor parent.

(1) A separate Title IV-E foster care maintenance payment is not made for a child of a minor parent (unless the child has been legally removed from the minor parent).

(2) The eligibility of the minor parent's child is not a condition of the increased payment.

(3) However, if the child is removed or separated from the minor parent, the needs of the child must no longer be included in the maintenance payment of the minor parent. In such cases, the child's eligibility for Title IV-E will be based on the child's current and individual circumstances.

b. A child whose cost of care in a licensed placement is covered by the Title IV-E foster care payments made with respect to the minor parent is also eligible for Title XIX Medicaid.

c. If the minor parent is not Title IV-E eligible, he or she has the option of including the child on a community case for Medicaid coverage or applying for cash assistance and Medicaid assistance for the child.

(1) The CIC specialist will determine the child's eligibility for cash assistance with information provided by the lead agency revenue maximization staff. Caution must be used in these cases to ensure that the foster parent is not receiving an enhanced payment to compensate for the additional costs.

(2) The CIC specialist will consult with lead agency revenue maximization staff prior to authorizing cash assistance.

4-12. Adjudicated Delinquents.

a. Title IV-E has specific eligibility factors that must be met to claim Title IV-E reimbursement for adjudicated delinquent or status offender children in out-of-home care. Eligibility in the case of adjudicated delinquents and status offenders rests on two factors:

- (1) Eligibility of the child; and,
- (2) The type of facility in which the child is placed.

b. Following are the eligibility criteria needed to make a Title IV-E claim.

(1) There must be a physical removal of the child from his or her home. The judicial determination must be made in the first order that results in the removal of the child from the home. A juvenile court must make a judicial finding that it is in the child's best interest to be removed from his or her home, or that it is CTW of the child for the child to remain in the home or that the child is a "threat to himself or herself." If the court order only indicates that the child is "adjudicated delinquent" or that the child is a "threat to the community", such language does not satisfy the requirement for a determination that continuation in the home would be CTW of the child.

(2) There must be a judicial finding that reasonable efforts were made to prevent the removal of the child from his or her home. The court may make the reasonable efforts finding at any time within 60 days of the removal. Title IV-E funds cannot be claimed until the reasonable efforts judicial finding occurs.

(3) The child must be dependent and the child's family must meet AFDC eligibility.

(4) The placement and care of the child must be the responsibility of the Department.

(5) The child must be placed in a licensed placement.

(a) Foster care costs in any facility operated primarily for the detention, care, or treatment of children who have been found or are alleged to be juvenile delinquents are not eligible for Title IV-E reimbursement. Children in residential commitment facilities are not Medicaid eligible.

(b) The two key questions that should be asked in determining if a facility is operated primarily for detention purposes are:

1. Is it a physically restricting facility? and,
2. Would it be operational without a population of children who have been adjudicated delinquent?

(6) An otherwise Title IV-E eligible child, initially placed in a detention facility, may become Title IV-E reimbursable when transferred to a licensed facility which meets the Title IV-E requirements.

(a) The initial order removing the child from the home must contain "best interest" or CTW judicial language and reasonable efforts language must be in the removal order or obtained within 60 days of removal.

(b) Since Title IV-E cannot be claimed for children in detention facilities, the "clock" for calculating when to comply with the requirements for developing case plans, holding judicial

reviews and permanency hearings, and the TPR provisions begins when the child is placed in licensed foster care.

4-13. CCWIS Documentation. All children removed and placed in out-of-home care, regardless of placement setting, must have a Title IV-E Eligibility Determination submitted for approval in CCWIS within 30 calendar days of entry into out-of-home care except when the judicial finding of Reasonable Efforts to Prevent Removal is pending. All determinations, initial and redeterminations, must be submitted to an OCFW Eligibility Determination Specialist for approval by the identified lead agency supervisor through CCWIS. The Title IV-E Eligibility Determination module will auto-generate upon the approval of a removal episode documented on the placement page. The Title IV-E Eligibility Determinations Due report in CCWIS must be used on a monthly basis, at a minimum, to identify 'Initial' and 'Redeterminations' that are upcoming as due.

a. Initial Determination. Prior to initiating the initial Title IV-E Eligibility Determination, lead agency revenue maximization staff shall ensure the information required to complete the determination is obtained.

(1) The appropriate modules of CCWIS must be completed for the assistance group members:

(a) Person Management page must document the following:

1. Date of birth on Basic tab;
2. Citizenship status and applicable fields on Basic tab;
3. Primary Address on Address tab; and,
4. Legal parents linked to the child subject to the Title IV-E eligibility determination on the Additional tab.

(b) The Education Record for each person under the age of 18 selected in the AG. Number of Hours Currently Enrolled shall be documented if in a grade level other than Kindergarten through Twelfth and half credit hours are documented as whole credit hours.

(c) Maintain Case page must document relationships of each AG member to the child subject to the Title IV-E eligibility determination on the Relationship tab.

(d) Assets and Employment module must document all income (earned and unearned) and assets for the AFDC eligibility month (at a minimum) of each SFU member for which CCWIS provides as an option.

1. The CCWIS fields of Eff. Start Date and Effective From must reflect the date in which the first payment was received and the CCWIS fields of Eff. End Date and Effective To dates must reflect the date in which the last payment was received. Employment earned twice a month shall be entered as the 1st and 15th or 15th and last day of the month.

2. All known data for the income or asset type must be entered in CCWIS. At a minimum, the fields which capture the start date, end date (if applicable), and, as applicable, income, monthly amount, amount, value, estimated value, amount owed, frequency, and number of hours per week are required.

3. Employment history must be entered into CCWIS which are sufficient for CCWIS to calculate the criteria for the deprivation types of underemployment and unemployment. These types must not be manually selected.

4. Prior to utilizing the Unable to Obtain Income/Asset Verification functionality, lead agency revenue maximization staff, at a minimum, must document the utilization of the following methods: seek self-declaration from the income/asset holder, review of FLORIDA system, review of SUNTAX and CONNECT systems, review of Family Functioning Assessment (FFA), review of Investigative TANF, review of court indigency form, and review of CCWIS Narratives from contacts with income/asset holder. The Eligibility Notes must indicate the completion of this requirement.

(e) Ensure the first court order sanctioning the removal of the child or the order containing Best Interest finding for voluntary removal is uploaded in the CCWIS Legal File Cabinet.

(2) Lead agency revenue maximization staff will answer the user modifiable questions, link appropriate legal documentation, and ensure that the system-generated questions are accurate. If not, updates shall be made to the appropriate CCWIS modules to ensure an accurate CCWIS determination.

(a) Assistance Group: Select only persons who resided in the removal home who are a parent, sibling under 18 years of age, or stepparent if conditions are met as outlined in Attachment 4 to this chapter.

(b) Role: Select applicable role for every person selected in AG and persons who reside in the removal home who meet the criteria for Applied Income and Attachment 4 to this chapter.

(c) Obligated Monies: Enter the applicable amounts for each person in which Applied Income budgeting method is utilized and verified court ordered payments for SFU members.

(d) Care Expenses: Enter the applicable cost each employed full-time parent incurs per child up to the applicable limits described in Attachment 1 to this chapter.

(e) Date AFDC Applies: Select the legal action/legal document which represents when court proceedings were initiated. If no date is populated, CCWIS will determine the Title IV-E as Ineligible.

(3) Lead agency revenue maximization staff shall upload financial documentation supporting the assistance group, removal home, and AFDC factors to the CCWIS File Cabinet under the relevant Image Category and Image Type. Then, link the documents to the Title IV-E Eligibility Determination using the Link Income/Asset Verification or Link Legal Document hyperlink. If documents are not linked to the Title IV-E Eligibility Determination, the Eligibility Notes must indicate the source and location of supporting documentation within CCWIS.

(4) The Eligibility Notes on the Title IV-E Eligibility Determination must only include the following relevant information for the Initial determination:

(a) Eligibility Status,

(b) Physical or constructive removal type, removal date, and judicial hearing date or Voluntary Placement Agreement date,

(c) If judicial findings were obtained: Contrary to Welfare, Reasonable Efforts to Prevent Removal, and Placement & Care Responsibility,

(d) Description of Household members (listing), Assistance Group and Standard Filing Unit composition (count),

(e) AFDC Technical: state removal home and deprivation type or reason criteria not met, and

(f) AFDC Financial: state if criteria are met or reason criteria are not met. Supporting documentation must be linked.

(g) If determination status is Not Reimbursable or Ineligible, state the reason.

(5) Once the CCWIS determination of Title IV-E eligibility is filled out by lead agency revenue maximization staff, the lead agency supervisor will review and then route to an OCFW Eligibility Determination Specialist for approval by selecting the "Refer to Supervisor" link in CCWIS. Submission for approval must occur within 30 calendar days from the start of the removal episode.

b. Redeterminations. For a child who is determined Title IV-E eligible, ongoing eligibility requirements must be documented in CCWIS within 30 calendar days of the event and submitted to an OCFW Eligibility Determination Specialist for approval. The following events must be documented on the Redetermination tab of the Title IV-E Eligibility Determination module:

(1) Voluntary Removal: Best Interest. If a judicial finding that it is in the child's best interest to remain in foster care has not been made at the time the Initial Title IV-E Eligibility Determination was completed, a redetermination must be completed to document when the Best Interest finding was made. If the Best Interest finding is not made within 180 days, a child becomes Title IV-E Ineligible for the remainder of the removal episode and a redetermination must be completed in CCWIS. The Eligibility Note must indicate "180-Day Best Interest finding obtained" or "180-Day Best Interest finding not obtained".

(2) Court-Ordered Removal: Reasonable Efforts to Finalize Permanency Plan (REFPP).

(a) A redetermination must be completed to document the REFPP judicial finding 12-month requirement. The court order containing the finding must be linked to the redetermination in CCWIS. The effective date of the redetermination should reflect the first day of the month in which the judicial finding was made. The child remains Title IV-E Eligible, Reimbursable contingent on other reimbursability elements being met. The Eligibility Note must indicate "Reasonable Efforts to Finalize Permanency Plan Finding Obtained".

(b) If the REFPP judicial finding is not obtained within the 12-month timeframe, based on the month of the last REFPP judicial finding, a redetermination is completed to reflect the child as Title IV-E Eligible, Not Reimbursable effective on the first day of the 13th month. CCWIS will systematically complete a redetermination as of the 13th month when a REFPP finding is not documented. If user entered, the Eligibility Note must indicate "Reasonable Efforts to Finalize Permanency Plan Finding Not Obtained".

(c) A redetermination shall be completed with an effective date on the first day of the month in which the REFPP judicial finding is made to regain Reimbursable status and is contingent on other reimbursability elements being met. The Eligibility Note must indicate "Reasonable Efforts to Finalize Permanency Plan Finding Obtained".

(3) Change in SSI. If a change in the SSI benefit occurs, such as approval or termination of benefit, the CCWIS Assets and Employment module must be updated, and a redetermination completed in CCWIS to accurately document the change in Title IV-E reimbursability. For benefit amount changes, the Eff. End Date and Eff. Start Date for the Unearned Income entry should be the same date in the month the change was effective. The Eligibility Note must indicate “SSI Change - Started” or “SSI Change - Ended”.

(4) Placement Change. CCWIS will systematically complete redeterminations for all placement changes. However, for any placement changes that are processed in CCWIS prior to the approval of the Initial Determination or must be re-entered after a void, lead agency revenue maximization staff must manually process the redeterminations. If user entered, the Eligibility Note must indicate “Placement Change”.

(5) Non-Specified Setting Placement. CCWIS will systematically complete redeterminations for instances in which a child is placed in a Non-Specified Setting longer than 14 days. However, for instances that occur prior to the approval of the Initial Determination or must be re-entered after a void, lead agency revenue maximization staff must manually process the redeterminations. If user entered, the Eligibility Note must indicate “14-Day Non-Specified Setting Limit Reached”.

(6) Safety Requirements. CCWIS will systematically complete redeterminations for instances in which a child is placed in a licensed placement in which safety requirements (background screening) non-compliance is documented. However, for instances that occur prior to the approval of the Initial Determination or must be re-entered after a void, lead agency revenue maximization staff must manually process the redeterminations. If user entered, the Eligibility Note must indicate “Background Screening Non-Compliance - Started” or “Background Screening Non-Compliance - Ended”.

(7) 14-Day Non-Specified Setting. When a child is placed in an FFPSA Non-Specified Setting CCI placement as of the 15th day of a child’s placement, a redetermination must be completed to reflect an ‘Eligible, Not Reimbursable’ eligibility status. CCWIS will systematically complete redeterminations. However, for instances in which redetermination must be user entered, the Eligibility Note must indicate “14-Day Non-Specified Setting Limit Reached”.

(8) QRTP Requirements.

(a) As of the 1st day of a child placed in a QRTP when the 30-day assessment (Suitability) by a qualified individual was not completed within 30 calendar days of the start of the placement, a redetermination must be completed to reflect an ‘Eligible, Not Reimbursable’ eligibility status. The Eligibility Note must indicate “QRTP Requirement Not Met - 30 Day Assessment”.

(b) As of the 1st day after the 30-day assessment determines placement in a QRTP is not appropriate, and the child remains placed in a QRTP or the subsequent placement after discharge is a residential group care setting, a redetermination must be completed to reflect an ‘Eligible, Not Reimbursable’ eligibility status. The Eligibility Note must indicate “QRTP Requirement Not Met – Ineligible for 30 Day Transition Payment”.

(c) As of the 61st day of a child placed in a QRTP when the court has not approved the placement within 60 calendar days, a redetermination must be completed to reflect an ‘Eligible, Not Reimbursable’ eligibility status. The Eligibility Note must indicate “QRTP Requirement Not Met - 60 Day Court Review”.

(d) As of the 1st day after the court denied placement in a QRTP, and the child remains placed in a QRTP or the subsequent placement after discharge is a residential group care

setting, a redetermination must be completed to reflect an 'Eligible, Not Reimbursable' eligibility status. The Eligibility Note must indicate "QRTP Requirement Not Met – Ineligible for 30 Day Transition Payment".

(e) For a child 13 years of age or older, as of the 1st day after 12 consecutive months or 18 non-consecutive months in a QRTP, and the child remains placed in a QRTP or the subsequent placement after discharge is a residential group care setting, when approval has not been obtained, a redetermination must be completed to reflect an 'Eligible, Not Reimbursable' eligibility status. The Eligibility Note must indicate "QRTP Requirement Not Met – Ineligible for 30 Day Transition Payment".

(f) For a child under 13 years of age, as of the 1st day after 6 consecutive or non-consecutive months in a QRTP, and the child remains placed in a QRTP or the subsequent placement after discharge is a residential group care setting, when approval has not been obtained, a redetermination must be completed to reflect an 'Eligible, Not Reimbursable' eligibility status. The Eligibility Note must indicate "QRTP Requirement Not Met – Ineligible for 30 Day Transition Payment".

AFDC Financial Calculations

Earned Income – Included (includes, but not limited to)

- Wages, salaries, gratuities/tips, commission, bonus
- Payments from the sale of blood or plasma
- Net profit from self-employment including babysitting, farming, lawn care, selling newspapers
- Rental income if participant actively manages property

Earned Income – Excluded

- For a child, income derived from a training program

Unearned Income – Included (includes, but not limited to)

- Retirement, disability payments, unemployment/worker's compensation, proceeds from insurance policy, severance pay, training allowance for an adult
- Annuities, IRA, Keogh Plan, pensions, dividends, royalties, interest, revocable trust funds
- Prizes, awards, contributions, gifts, inheritances (child support received for a child not in the home is considered a contribution and shall be entered in CCWIS as 'Alimony Payments (Adult)' under the parent in receipt.)
- Alimony and child support payments (amount garnished by the state is not included)
- Social Security benefits (except SSI), Railroad retirement, Veterans benefits
- Rental income if managed by another person

Unearned Income – Excluded

- Income of an SSI or Adoption Subsidy recipient; lump sum SSI payment in the month of receipt and the month following receipt.
- Verified court ordered payments made to someone outside of the home (Obligated Monies)
- Trust funds not available on demand
- Cash gifts up to \$30 per member received per calendar quarter
- Assistance from government agencies: governmental rent/housing subsidy, Non-Relative Caregiver Program funds, Relative Caregiver Program funds, value of food stamps, stipends, allowance
- Vendor payments
- Specialty payments made by law, including Agent Orange Settlement Fund, Radiation Exposure Compensation Act, certain Native American payments, children of Vietnam veterans born with congenital defect spina bifida or certain disabilities per P.L. 106-419, Alaska Native Claims Settlement Act or Maine Indian Claims Settlement Fund

Assets – Included (includes, but not limited to)

- Vehicles: aircraft, automobile, camper, marine vessel, motor home, motorcycle, travel trailer, truck
- Bonds, cash, certificate of deposit, funds in checking/savings/convenience bank account, inheritance, lump sum SSI payment once past the month of receipt and the month following receipt
- IRA, Keogh plan, life insurance (cash value), mutual fund shares, promissory notes (loans), savings bonds, stocks, trust account
- Burial plots/spaces, funeral agreement
- Business inventory
- Real estate, real property

Asset – Excluded

- Primary Homestead of SFU
- Inherited real property which have not been probated
- Personal possessions
- Crops and livestock for home use
- Burial plots/spaces (one per SFU member/participant)

Income Disregards

Step One (185% of CNS):

- Student Earned Income Disregard
- Dependent Child Training Program Disregard
- Child Support Disregard

Step Two (100% of CNS):

- Student Earned Income Disregard
- Dependent Child Training Program Disregard
- Child Support Disregard
- Student and Employee Earned Income Disregard
- Employment Disregard (unless income was reduced without good cause)
- Care Expenses Disregard

Asset Disregards

- Vehicle Disregard
- Good Faith Effort to Sell Disregard
- Funeral Agreement Disregard
- \$1500 of total asset value from Sponsor/Sponsor Spouse (if applicable)

Applied Income Disregards

Stepparent/Alien Parent/Minor Parent/Grandparent:

- Employment Disregard (unless income was reduced without good cause)
- Obligated Monies Disregard
- CNS Disregard

Sponsor(s) of Alien Parent/Minor Parent/Stepparent:

- Obligated Monies Disregard
- CNS Disregard
- 20% Disregard

Disregards Defined

Student Earned Income Disregard

The total earned income of a child who is a full-time student. A full-time student is defined as a child who is in a current grade level of kindergarten through twelfth, special education, or non-grade or enrolled in college or vocational/technical school for a minimum of 9 credit hours.

Dependent Child Training Program Disregard

The total earned income of a child who is a participant in a training program such as Job Corps.

Child Support Disregard

A deduction up to \$50 of the total amount of child support payments received by children in the SFU.

Student and Employee Earned Income Disregard

The total earned income of a child who is a part-time student who is not full-time employee. To qualify, the child must be enrolled a minimum of 4.5 credit hours but less than 9 and be employed less than 30 hours per week.

Employment Disregard

A deduction up to \$90 from an SFU member's earned income. This disregard does not apply when earned income has been reduced without good cause.

Care Expenses Disregard

A deduction up to \$200 per child under the age of two or up to \$175 per child age 2 or older. To qualify, care must be necessary for the parent to maintain full-time employment and parent employed as of Date AFDC Applies. 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 and in the assistance group. Verification of the need for care must be obtained only when questionable. The cost of care incurred must be paid to an individual not in the assistance group.

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.

Obligated Monies Disregard

A deduction equaling the monthly amount of money paid to, or on behalf of, an individual not in the assistance group that the participant could claim as a dependent for personal tax purposes and the monthly amount of court ordered payments with respect to individuals not in the assistance group including child support, alimony, mortgage, insurance, school tuition, or like payments.

CNS Disregard

A deduction equaling the CNS for a family of the same size as the participant and other individuals living in the same home but not included in the assistance group.

20% Disregard

A deduction, up to \$175, equaling the total monthly unearned and earned income of the sponsor and sponsor's spouse reduced by 20 percent of the total of any amounts received by them in the month as wages or salary or as net earnings from self-employment.

Vehicle Disregard

A deduction, up to \$1500, of the equity value for a qualifying vehicle limited to one vehicle per SFU. Qualifying vehicles consist of an automobile, truck, motorcycle, marine vessel, or motor home.

Funeral Agreement Disregard

A deduction, up to \$1500, of the equity value for a bona fide funeral agreement limited to one per SFU member. 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.

Good Faith Effort to Sell Disregard

When an individual in the SFU is making a good faith effort to sell real property or real estate, the equity value of the asset is not considered in the determination. To qualify for the status of making a good faith effort to sell, the asset must be listed at a reasonable price and a reasonable offer has not been refused.

Deprivation of Parental Care

Absence of paternal legal or biological determination. To determine deprivation, the existence of a legal or biological father must be determined. The legal relationship of an individual supersedes any allegation of paternity for a biological relationship. In the existence of a legal father, deprivation is assessed based on the legal father.

For the purposes of deprivation, an individual is considered a legal father if: married to the mother at the time of the child's conception or birth, if he is the biological father who marries the mother after the child's birth and there was no legal father at the time of the marriage, paternity has been legally established, or the individual is the adoptive father.

For the purposes of deprivation, an individual is considered a biological father if he or the mother alleges that he is the biological father, and the Department has made a non-judicial determination of paternity.

Parental unemployment or underemployment. Unemployment/underemployment deprivation only applies to a two-parent household. To qualify, the following criteria must be met:

- One parent must be determined as the principal wage earner (PE) by establishing who earned the greater amount of income in the 24-month period prior to the AFDC month.
- The PE must then meet one of the following two criteria:
 - Sufficient work history – has worked six or more quarters within a 13-quarter period ending within one year from AFDC month. A quarter of work refers to a period of three consecutive calendar months ending on March 31, June 30, September 30, and December 31. Work is defined as receiving earned income of at least \$50.
 - Unemployment Compensation– PE has received unemployment compensation benefits within one year prior to the AFDC month.
- If the above criteria are met, the PE may meet one of the following:
 - Unemployment = not working for at least 30 days prior to AFDC month.
 - Underemployment = working less than 100 hours in the AFDC month or has a temporary one-month increase over 100 hours but worked less than 100 hours during the prior two months and is expected to work less than 100 hours in the following month.

Parental incapacity (of one or both parents). To meet the criteria, the incapacity must be severe enough to substantially reduce or entirely eliminate the parent's ability to support or care for the child. A parent who has an incapacitating condition must either:

- Be unable to work; or
- Be unable to engage on a full-time basis in his or her usual occupation including caring for his/her children or any comparable alternate occupation available in the community; or
- Be unable to engage full-time in an occupation, but accepts substantially reduced wages due to the debilitating nature or effects of the condition; or
- Be handicapped or disabled his or her entire life

Documentation of incapacity includes:

- Verification of the receipt of Social Security benefits
- Agency determination based on medical evidence concerning the incapacitating condition and a written statement from a physician concerning the individual's ability to work or care for the child(ren) and indicating that the incapacity is expected to last at least 30 days

Determining Value of a Vehicle

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.

The estimated value entered on the Assets and Employment page in CCWIS must reflect the “equity” value of the vehicle.

To capture the estimated (or “equity”) value of each vehicle, the case manager or lead agency revenue maximization staff must first determine the actual value of the vehicle, then *minus* any indebtedness. (Indebtedness is the amount needed to satisfy contract terms that must be met to establish ownership of the asset.)

Note: It is vital to determine the “equity” value for each vehicle. The Assets and Employment page in CCWIS captures information on the “amount owed,” CCWIS does not support the calculation of the “equity” value.

Estimated or “equity” value of a vehicle:

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 (<http://www.nadaguides.com/Cars>)
- No adjustments to the vehicle's value are made by the lead agency revenue maximization staff 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:

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

A reputable automobile dealer valuation 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.

When obtaining the dealer's evaluation, the lead agency revenue maximization staff 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.

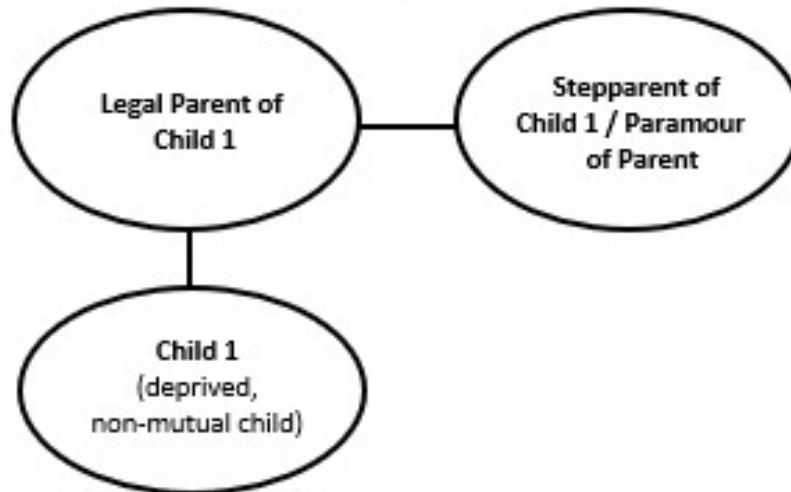
Note: When a dealer's valuation has been used due to the condition of the vehicle, the case manager may need to assist the lead agency revenue maximization staff with obtaining information from the family on any repairs affecting the value of the vehicle.

Assistance Group Chart

This chart outlines scenarios as to how to determine a child's Assistance Group (AG). If an adult is included in the AG, their income is treated as a legal parent's. A stepparent/parent of half-sibling is included if a deprived, mutual child is in the home. If a stepparent is not included in the AG, their income is Applied in the determination after budgeting procedures.

Minor half-blooded and step-siblings living with the child are not included if the AG is split.

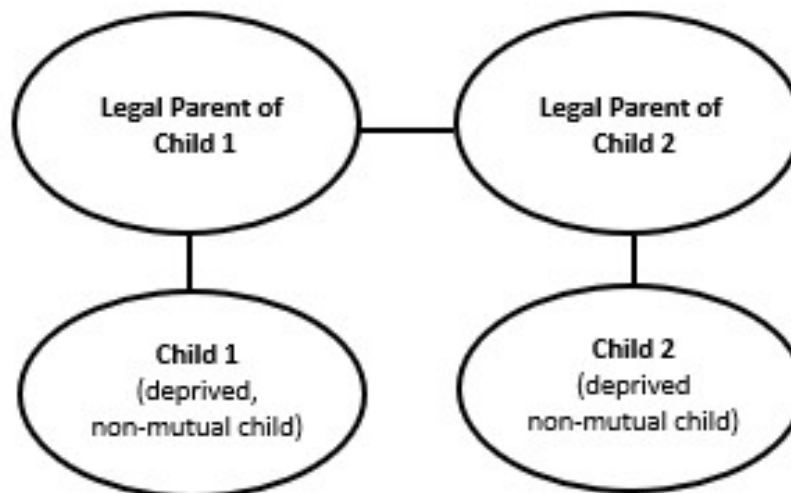
Scenario 1: AFDC Removal Home: Married/Unmarried adults and a non-mutual child



AG for Child 1 = 2 (Legal Parent and Child 1)

(Exclusion: Step Parent of Child 1/Paramour due to not having an AFDC eligible child.)

Scenario 2: AFDC Removal Home: Married/Unmarried adults and two non-mutual children



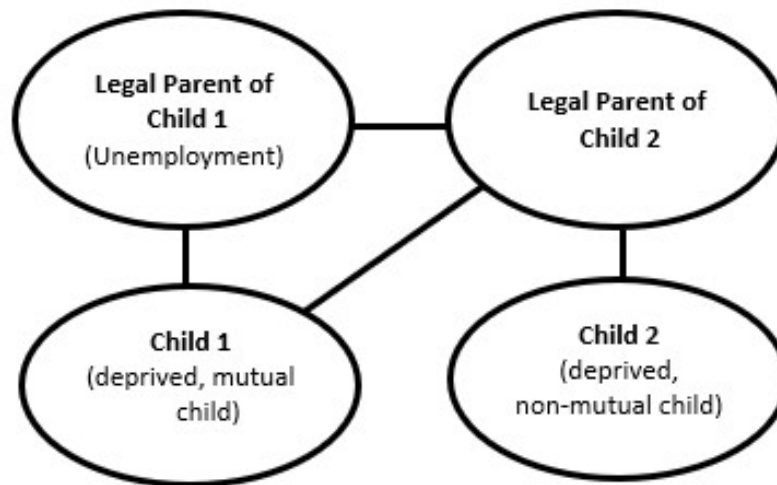
AG for Child 1 = 2 (Legal Parent, Child 1)

(Exclusions: Legal Parent of Child 2 and Child 2 due to no mutual child.)

AG for Child 2 = 2 (Legal Parent, Child 2)

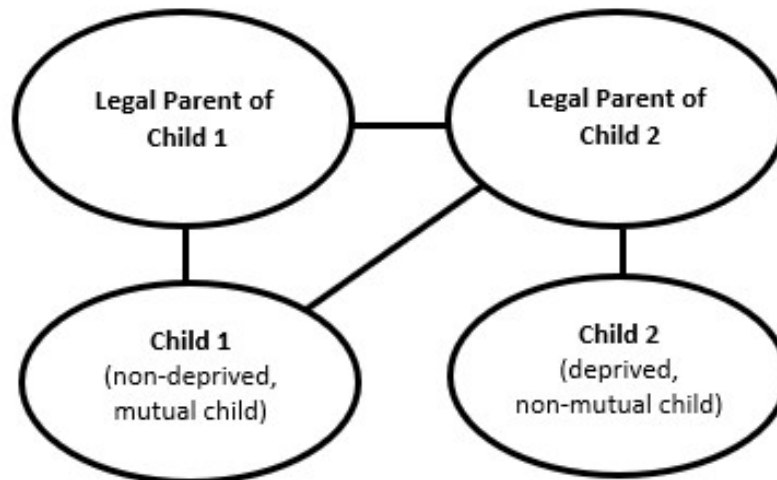
(Exclusions: Legal Parent of Child 1 and Child 1 due to no mutual child.)

Scenario 3: AFDC Removal Home: Married/Unmarried adults, one mutual child, and one non-mutual children



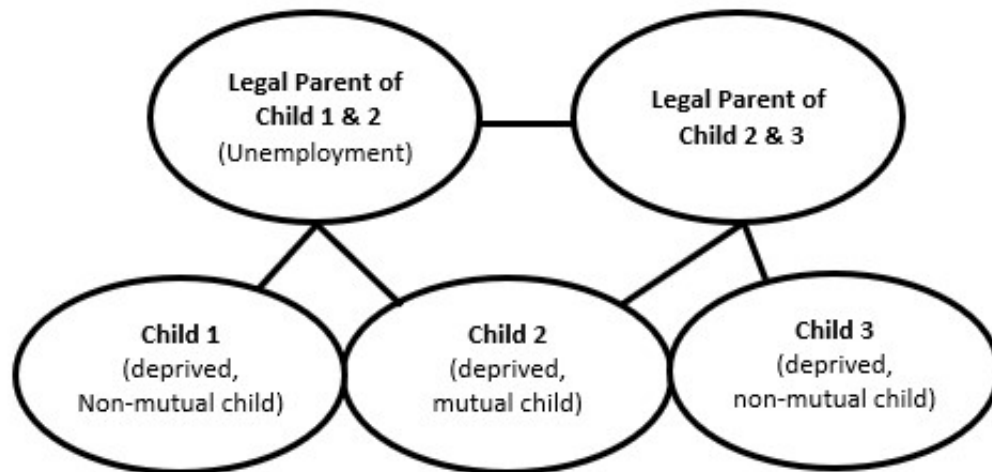
AG for Child 1 = 4 (Both Legal Parents, Child 1, Child 2 (half-sibling))
AG for Child 2 = 4 (Legal Parent, Legal Parent of Child 1/Stepparent, Child 2, Child 1 (half-sibling))

Scenario 4: AFDC Removal Home: Married/Unmarried adults, one mutual child, and one non-mutual children



AG for Child 1 = 4 (Both Legal Parents, Child 1, Child 2 (half-sibling))
AG for Child 2 = 2 (Legal Parent, Child 2)
(Exclusions: Legal Parent of Child 1 due to not having an AFDC eligible child. Child 1 due to not meeting AFDC deprivation.)

Scenario 5: AFDC Removal Home: Married/Unmarried adults, two non-mutual children, and one mutual child

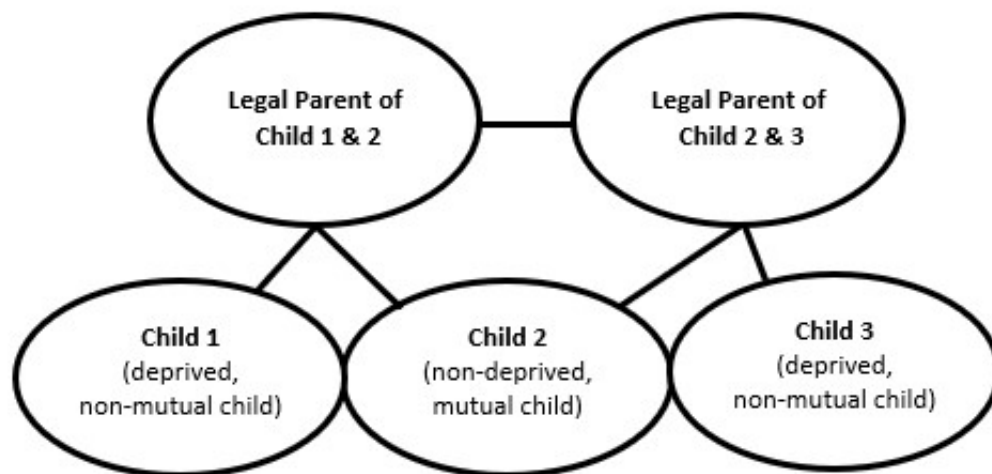


AG for Child 1 = 5 (Legal Parent, Stepparent/Parent of half-sibling, Child 1, Child 2 (half-sibling), Child 3 (step-sibling/no relation))

AG for Child 2 = 5 (Legal Parents, Child 2, Child 1 (half-sibling), Child 3 (half-sibling))

AG for Child 3 = 5 (Legal Parent, Stepparent/Parent of half-sibling, Child 3, Child 1, (step-sibling/no relation), Child 2 (half-sibling))

Scenario 6: AFDC Removal Home: Married/Unmarried adults, two non-mutual children, and one mutual child



AG for Child 1 = 2 (Legal Parent, Child 1)

(Exclusions: Legal Parent of Child 2 & 3 due to mutual child not meeting AFDC Deprivation. Child 2 due to not meeting AFDC Deprivation, Child 3 due to their Legal Parent being excluded.)

AG for Child 2 = 5 (Both Legal Parents, Child 2, Child 1 (half-sibling), Child 3 (half-sibling))

AG for Child 3 = 2 (Legal Parent, Child 3)

(Exclusions: Legal Parent of Child 1 & 2 due to mutual child not meeting AFDC Deprivation. Child 2 due to not meeting AFDC Deprivation, Child 1 due to their Legal Parent being excluded.)

| FSFN File Cabinet Naming Convention | | | |
|---|-----------------------|---------------------------|---|
| Document Type | Image Category | Image Type | File Name Convention |
| Employment Related with Earnings Information | Assets & Income | Pay Verification/Pay Stub | Wages as of MM/DD/YY |
| Employment Related without Earnings Information | Assets & Income | Employee Verification | Verified Employed as of MM/DD/YY |
| W-2 Form | Assets & Income | W-2 Form | YYYY Wages |
| Bank Statement | Assets & Income | Bank Statement | MM/YYYY (account type) summary |
| Child Support | Assets & Income | Child Support | Paid by (mother/father) as of MM/YYYY |
| Social Security | Assets & Income | Social Security Benefits | (SSI/SSDI/SSA) amount as of MM/YYYY |
| FLORIDA / DEO Connect | Assets & Income | Economic Self Sufficiency | Source-describe financial information (example: FLORIDA-earned income/no assets) Note: If an income/asset source is identified in FLORIDA for another image type (i.e. child support or social security benefits, upload using the guidance for such income Image Type. |
| Other | Assets & Income | Other | Use a clear discription of document and date (example: Court Indigent Application dated MM/DD/YY) |

Required FLORIDA Utilization

To ensure accurate Title IV-E determinations, utilization of the below resources is vital.

Demographic and Household Related Information

| Title IV-E Eligibility/AFDC FLORIDA Screens | | | |
|---|-------------------------------------|--|--------------------------------------|
| TRAN Code | Function Description | Summary | Recommended/Optional |
| AIAN | Application Entry Benefit Selection | Displays details for American Indian/Alaska Native individuals. | Recommended, if Y on AIRE |
| AIAP | Absent Parent General | Displays demographic and other information for the non-custodial parent | Optional |
| AICI | Case Information | Displays case address information | Optional |
| AICZ | Alien Refugee Information | Displays information on noncitizens - Country of origin, Entry Date, INS number, Status, Sponsor | Recommended, if applicable |
| AIHH | Household Relationships | Displays the relationship between household members | Optional |
| AIIA | Individual Attributes | Displays SSN Application Date, Citizenship, Place of Birth, Marital Status | Recommended |
| AIIC | Individual Living Arrangments | Displays living arrangement and temporary absence status - Type 32 represents RCG benefits | Optional |
| AIID | Individual Demographics | Displays demographic information, SSN verification | Recommended |
| AILG | AKA Names/SSN Registration | Displays alias name and social security number information | Optional |
| AIOH | Household Relationships | Displays the relationship of Dependents outside of the household | Optional |
| AIRE | Race/Ethnicity | Displays race/ethnicity information | Optional |
| AISA | School Attendance | Displays school attendance information | Recommended, if otherwise unknown |
| ASIS | Alien Sponsor Information | Displays information on Sponsor(s) of noncitizen | Recommended, if Y on AICZ |
| MNOV | Birth Verification | Displays birth certification information | Recommended, if not available in FSN |

Income Related Information

| Title IV-E Eligibility/AFDC FLORIDA Screens | | | |
|---|--|---|-----------------------------------|
| TRAN Code | Function Description | Summary | Recommended/Optional |
| AALS | Lump Sum | Displays lump sums received or due to be received | Recommended, if Y on AAAQ |
| AFDP | Child Support Payments (Outside the Household) | Displays dependent care or child support payments for a dependent outside of the house. | Recommended, if Y on AFDQ |
| AFEI | Employment Information | Displays employment information and reason for refusing/leaving work (Use FS/CASH amount) | Recommended, if Y on AFEQ |
| AFEQ | Employment Questions | Displays response to Employment Questions | Recommended |
| AFIN | Earned Income | Displays Pay Dates and Gross Income for each date | Recommended, if Y on AFEQ |
| AFIQ | Unearned Income Questions | Displays response to Unearned Income Questions | Recommended |
| AFMI | Monthly Unearned Income | Displays unearned income sources and amounts | Recommended, if Y on AFIQ |
| AFRE/AFBP | Room and Board Earnings | Displays income received from any roomers or boarders living in the home. | Recommended, if applicable |
| AFSE | Self Employment Questions | Displays self-employment information | Recommended, if Y on AFEQ |
| AIAC | Absent Parent Court Order | Displays child support information as to non-custodial parent | Optional |
| AIAE | Absent Parent Employment | Displays absent parent employment and insurance information | Optional |
| AIAF | Armed Forces | Displays military service information | Optional |
| ASEQ | SSI Eligibility Questions | Displays response to SSI eligibility questions | Recommended |
| ASEV | SSI Eligibility Verification | Displays SSI verification, begin & end dates for current/former recipients | Recommended, if ASEQ identifies a |
| CLRC | Running Record Comments | Displays comments by staff for a specific case | Recommended |
| AIAC | Absent Parent Court Order | Displays child support information as to non-custodial parent | Optional |

Asset Related Information

| Title IV-E Eligibility/AFDC FLORIDA Screens | | | |
|---|---------------------------------------|---|---------------------------|
| TRAN Code | Function Description | Summary | Recommended/Optional |
| AAAQ | Asset Questions | Displays response to Asset Questions | Recommended |
| AABE | Business Assets | Displays business information for self-employed individuals | Recommended, if Y on AAAQ |
| AALA | Liquid Assets | Displays liquid assets such as checking acct, savings acct, burial values | Recommended, if Y on AAAQ |
| AALI | Life Insurance Assets | Displays life insurance asset information | Recommended, if Y on AAAQ |
| AARC | Real / Personal Property Assets Con't | Displays real & personal property additional information | Recommended, if Y on AAAQ |
| AARP | Real / Personal Property Assets | Displays real & personal property information | Recommended, if Y on AAAQ |
| AAVH | Vehicle Assets | Displays vehicle asset information | Recommended, if Y on AAAQ |

Miscellaneous Related Information

| Title IV-E Eligibility/AFDC FLORIDA Screens | | | |
|---|--------------------------------|--|----------------------|
| TRAN Code | Function Description | Summary | Recommended/Option |
| AFDE | Dependent Care Expenses | Displays care expenses information | Recommended, if Y on |
| AFDQ | Dependent Care Questions | Displays responses to Dependent Care Questions | Recommended |
| AFMC | Medical Insurance Coverage | Displays information about the individuals who are covered under insurance entered on AFMD | Optional |
| AFMD | Medical Insurance Coverage | Displays private/third-party insurance coverage | Optional |
| AIAE | Absent Parent Employment | Displays absent parent employment and insurance information | Optional |
| CLRC | Running Record Comments | Displays comments by staff for a specific case | Recommended |
| CRPC | Prior Contact Check | Obtain ACCESS Case Number | Optional |
| IQAA | Assistance Group Inquiry | Overview of benefits approved on case | Optional |
| IQEL | Individual Eligibility History | Displays history of cases | Optional |

Chapter 5

ADOPTION ASSISTANCE

5-1. Overview. Authorized by the Social Security Act (the Act), states with an approved Title IV-E State Plan receive federal reimbursement for ongoing maintenance adoption subsidy (MAS), Medicaid, and associated costs to achieve adoption of children who meet Special Needs criteria as defined in the Act. For further information on program requirements and benefits, refer to [65C-16](#), Florida Administrative Code (F.A.C.). For further information on adoption Medicaid, refer to CFOP 170-15, Chapter 2.

a. Title IV-E adoption assistance is available to any child who meets Special Needs criteria and the eligibility requirements provided in section 473 of the Act. The Department/lead agency will provide adoption assistance to every child it determines is eligible unless the prospective adoptive parent(s) decline such assistance. The Department/lead agency is prohibited from imposing additional eligibility requirements not contained in federal law.

b. The determination of eligibility for adoption assistance and administration of benefits are the responsibility of the Department as the Title IV-E agency, regardless of whether the child is committed to the Department or to a private child-placing agency for the purpose of adoption or independent adoption. Regardless of adoption type, the lead agency is responsible for processing the documentation in CCWIS to determine eligibility and to provide adoption assistance benefits.

c. For children who meet the program-related criteria for adoption assistance as outlined in Section [409.166](#), F.S., and [65C-16](#), F.A.C., the funding source for MAS comes from Title IV-E, TANF, or state funds. This chapter describes the eligibility requirements for each fund source.

5-2. Adoption Assistance Agreement and Payment.

a. The Adoption Assistance Agreement (AAA) (form CF-FSP [5079](#), available in DCF Forms) must indicate the funding source and the amount of the negotiated MAS, Medical Assistance, and Non-Recurring Adoption Expense amounts. The AAA must be signed and dated, prior to adoption finalization, by the prospective adoptive parent(s) and DCF representative prior to adoption assistance being effective and issued. The only exception is when the adoptive parent(s) have obtained a favorable fair hearing decision after finalization. A favorable fair hearing decision after the finalization of the adoption may allow the Department/lead agency to determine that a child met all the eligibility criteria prior to finalization.

b. The funding source (Title IV-E, TANF, or state funds/general revenue) must be presumptively determined prior to the signing of the AAA. If the funding source changes, an AAA Update must be signed and completed in CCWIS identifying the new funding source.

c. The MAS amount may be adjusted when there is an across-the-board statewide reduction or increase in the foster care maintenance payment rate which impacts the base MAS rate established in Rule [65C-16.013\(7\)](#), F.A.C. In this circumstance, the state may adjust the MAS payment without the adoptive parent's concurrence. All other adjustments must be made with the concurrence of the adoptive parent by the signing of an AAA Update. The effective date of a payment increase is as of the date the written request is made by the adoptive parent(s).

d. If there is a change in eligibility, an updated AAA must be completed and signed by the adoptive parents and Department designee indicating the new subsidy type. The AAA must be updated in CCWIS.

e. Termination of the AAA and payment coincides with program criteria outlined in Rule [65C-16.013](#), F.A.C.

f. The Department/lead agency must not "transfer" the child's payment to anyone after the adoptive parent(s) die or the adoption is dissolved. Continued Title IV-E adoption assistance eligibility and payments are not authorized for a child placed with an individual who is not adopting the child or in situations where the child is placed with a legal guardian.

5-3. Eligibility Criteria for All Fund Sources.

a. Special Needs. There are three elements that must be met for a child to meet the requirements of the Special Needs definition.

(1) The child cannot or should not be returned to the home of the parents. This determination is based on:

- (a) An order from a court of competent jurisdiction that terminates parental rights;
- or,
- (b) The existence of a petition to the court for a termination of parental rights (TPR); or,
- (c) A signed relinquishment by the parent(s); or,
- (d) If a child can be adopted in accordance with Tribal law without a TPR or relinquishment.

(2) Hard-to-Place Factor. There is a specific factor or condition which makes it reasonable to conclude that the child cannot be placed with adoptive parent(s) without providing adoption assistance. The specific factors or conditions include one of the following:

- (a) The child meets all the medical or disability requirements for SSI.
- (b) The child meets one of the following requirements:
 - 1. Is 8 years of age or older; or,
 - 2. Is developmentally delayed; or,
 - 3. Has a physical, mental, or emotional disability; or,
 - 4. Is of black or racially mixed parentage (at least one parent is black);
 - or,
 - 5. Is a member of a sibling group of any age, provided two or more members are placed together for adoption; or,
 - 6. Is at risk of a medically diagnosed condition.
 - 7. A significant emotional attachment to their foster parent. Note: If this is the only factor present, the criteria for Hard to Place is not met for Title IV-E funding.

(3) Reasonable Effort to Place Without Subsidy. A reasonable, but unsuccessful, effort has been made to place the child with adoptive parents without providing adoption assistance. The only exception to this requirement is where it would be against the best interests of the child because of the existence of significant emotional ties with prospective adoptive parents while in the care of such prospective adoptive parents as a licensed or relative placement.

b. Citizenship and Immigration Status. The lead agency must verify that the child meets required citizenship or immigration status. Children who are non-citizens or undocumented immigrants are not eligible for adoption assistance.

(1) The child must be a United States citizen or a qualified non-citizen. The definition of qualified non-citizens includes, but is not limited to, permanent residents, asylees, and refugees (see the U.S. Citizenship and Immigration Service website at www.uscis.gov/portal/site/uscis for more details).

(2) In addition, section 403 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) requires qualified non-citizens entering the United States on or after August 22, 1996, to live in the United States for five years before becoming eligible for certain federal public benefits. However, federal payments for adoption assistance are excluded from this five-year residency requirement if the child and the adoptive parent(s) with whom he or she is placed are qualified non-citizens. Accordingly, if an adoptive parent is not a qualified non-citizen, a child who is otherwise eligible must meet the five-year residency requirement to receive adoption assistance.

(3) Children who are not U.S. citizens or qualified non-citizens and were either adopted in another country or brought to the U.S. for adoption are ineligible for adoption assistance, except when the child meets the Title IV-E eligibility criteria after the dissolution of the international adoption.

c. Abuse Registry and Criminal Background Checks. The Department/lead agency must determine that prospective adoptive parent(s) of the child and household members meet background check requirements. In addition to federally required fingerprint-based national checks and abuse/neglect registry checks, the following must be met:

(1) The Department/lead agency or adoption entity must conduct background checks in accordance with [65C-16](#), F.A.C.

(2) Adoption assistance is not available if the criminal record checks reveal that a prospective adoptive parent has a disqualifying conviction pursuant to section [39.0138\(3\) or \(4\)](#), F.S.

(3) Pursuant to section [65C-16.005\(9\)](#), F.A.C, if the applicant or any other adult household member was named as caregiver responsible in a report verified for sexual abuse the home study must be denied and the child is not eligible for adoption assistance pursuant to section 409.166(5)(a) F.S.

5-4. Eligibility for Title IV-E Adoption Assistance.

a. Title IV-E is the preferred funding source to allow for federal reimbursement. Thus, a Title IV-E Adoption Eligibility determination must be made in the Department's child welfare information system for every child meeting program-related criteria as defined in [65C-16](#), F.A.C., before the signing of an Adoption Assistance Agreement.

b. The Fostering Connections to Success and Increasing Adoptions Act of 2008 (P. L. 110-351) removed the AFDC criteria from Title IV-E adoption assistance eligibility requirements. This law provided a nine-year transition period during which a child is treated as an "Applicable Child" or "Not Applicable Child." The Families First Prevention Services Act of 2018 (P.L. 115-123) delayed the phase-in of Applicable Child requirements. The extended Applicable Child phase-in period ended on June 30, 2024. Therefore, in the case of a child of any age for whom an adoption assistance agreement is entered into on or after July 1, 2024, each Title IV-E agency must determine eligibility of a child according to the "Applicable Child" criteria.

c. Applicable Child Criteria. An Applicable Child is a child who meets at least one of the three criteria. A Not Applicable Child is a child who does not meet any of the three criteria:

(1) Meets the applicable age for the federal fiscal year in which the AAA is effective (see Table 5-1 below); or,

(2) Has been in foster care for at least 60 consecutive months; or,

(3) Is a sibling to an eligible Applicable Child if both have the same adoption placement. This criterion is also met if a sibling will be placed into an adoption placement in which a sibling has already been adopted.

Table 5-1: Applicable Age by Federal Fiscal Year

| Federal Fiscal Year | The applicable age is: | Federal Fiscal Year | The applicable age is: |
|----------------------------|------------------------|-------------------------|------------------------|
| 10/01/2009 – 09/30/2010 | 16 | 10/01/2010 – 09/30/2011 | 14 |
| 10/01/2011 – 09/30/2012 | 12 | 10/01/2012 – 09/30/2013 | 10 |
| 10/01/2013 – 09/30/2014 | 8 | 10/01/2014 – 09/30/2015 | 6 |
| 10/01/2015 – 09/30/2016 | 4 | 10/01/2016 – 09/30/2017 | 2 |
| 10/01/2017 – 12/31/2017 | any age | 01/01/2018 – 06/30/2024 | 2 |
| 07/01/2024 – or thereafter | any age | | |

d. Eligibility Path. There are separate Eligibility Paths to determine if an Applicable Child or a Not Applicable Child is eligible for Title IV-E adoption assistance.

(1) An Applicable Child who meets the Special Needs criteria must meet one of the four eligibility requirements described below:

(a) At the time of the initiation of adoption proceedings, the child was in the care of a public or licensed private child-placing agency or Indian tribal organization pursuant to:

1. A court-ordered removal in accordance with a judicial determination to the effect that it was contrary to the welfare (CTW) of the child to remain in the home; or,

2. A voluntary placement agreement or voluntary relinquishment. For an Applicable Child who is in placement due to a voluntary placement agreement, a Title IV-E foster care payment does not have to be made.

NOTE: For permanent guardianship cases reinstated for the sole purpose of adoption by the permanent guardian, this determination is made in regard to the removal episode which resulted in permanent guardianship.

(b) The child meets all medical and disability requirements of Title XVI with respect to eligibility for SSI benefits. The child does not have to meet the needs-based requirements for SSI. Documentation from the Social Security Administration must indicate the child’s eligibility.

(c) The child is the child of a minor parent residing in a foster family home or child caring institution with his or her minor parent and the minor parent was removed from home pursuant to either:

1. A court-ordered removal in accordance with a judicial determination to the effect that it was CTW of the child to remain in the home; or,

2. A voluntary placement agreement or voluntary relinquishment.

(d) The child was Title IV-E eligible for adoption assistance in a prior adoption (or would have been found eligible had the Adoption and Safe Families Act of 1997 been in effect at the time of the previous adoption) and is available for adoption because the prior adoption has been dissolved or the child's adoptive parents have died.

(2) A Not Applicable Child who meets the Special Needs criteria must meet one of the four eligibility requirements described below:

(a) The child was removed and placed in foster care through a court-ordered removal with a judicial determination that continuation in the home would be contrary to the welfare of the child or a voluntary placement agreement to which federal payment was provided, and AFDC criteria was met.

NOTE: For permanent guardianship cases reinstated for the sole purpose of adoption by the permanent guardian, this determination is made in regard to the removal episode which resulted in permanent guardianship.

1. This determination is documented in the Title IV-E foster care eligibility determination and is system derived. See paragraph 4-7 of this operating procedure for more details.

a. If a child was removed pursuant to a Voluntary Placement Agreement (VPA), there must have been at least one Title IV-E foster care maintenance payment (consistent with section 472(a)(2)(B) and 473(a)(2)(A)(i)(1) of the Act) made on behalf of the child for the child to be eligible for Title IV-E adoption assistance. A child who is relinquished to a public or a private, non-profit agency, or placed with a private, non-profit agency under a voluntary placement agreement, can be considered judicially removed under the following circumstances:

b. The child is voluntarily relinquished either to the Department (or another public agency with which the Department has a Title IV-E Interagency Agreement), or voluntarily placed with a private, licensed non-profit agency; and,

c. There is a petition to the court to remove the child from his or her home within six months of the time the child lived with the specified relative from whom he or she was relinquished or voluntarily removed; and,

d. There is a subsequent judicial determination to the effect that remaining in the home would be CTW of the child; and,

e. The child met AFDC criteria.

(b) The child is determined eligible for SSI benefits.

(c) The child is the child of a minor parent who received at least one Title IV-E maintenance payment while in foster care which covered the child's cost of care while the child was with the minor parent in foster care.

(d) The child was eligible for Title IV-E adoption assistance in a previous adoption and is available for adoption because the prior adoption has been dissolved or the child's adoptive parents have died.

5-5. Eligibility for TANF Funded Adoption Assistance. When a child has been determined ineligible for Title IV-E adoption assistance, the next preferred funding source is Temporary Assistance for Needy Families (TANF).

a. An eligibility determination for TANF must be completed for all children who have been determined ineligible for Title IV-E adoption assistance. To be eligible for TANF, the child must meet the following requirements.

(1) Not reached 18 years of age;

(2) Never been emancipated;

(3) Resides in Florida;

(4) Is a U.S. citizen or a qualified non-citizen;

(5) Determined to be a child who meets Special Needs criteria;

(6) Has gross income below 200% of the current FPL; and,

(7) Is living with a specified relative (adoption finalization establishes a specified relative relationship between the child and his or her adoptive parents).

b. Initial TANF Eligibility Determination.

(1) An initial TANF eligibility determination must be approved in CCWIS within 10 calendar days from the AAA and Adoption Eligibility effective date. The effective date of the TANF is the same date the AAA, Adoption Eligibility, and pre-adoptive placement are effective.

(a) Lead agency staff will review and validate system-generated responses and populate user-answered questions on the Adoption TANF eligibility module in CCWIS.

(b) The lead agency supervisor will review the Adoption TANF for accuracy and completeness to approve the child's eligibility for TANF in CCWIS. The supervisor approving the child's eligibility cannot be the same person who completed the determination.

c. Redetermination TANF Eligibility. Adoption TANF redeterminations must be completed in CCWIS every 12 months for TANF eligible children, or when certain events occur requiring a review before the 12th month.

(1) Annual/12-Month TANF Redeterminations. For TANF eligible children, a TANF redetermination must be completed before the expiration of the current Adoption TANF.

(a) The TANF Eligibility Determination Due Report from CCWIS must be used to identify when a TANF redetermination is due.

(b) At a minimum, 60 days prior to the expiration of the current Adoption TANF determination, the lead agency must send the TANF Adoption Eligibility Redetermination Worksheet, or comparable form, to the adoptive parents via mail or electronically.

1. If not returned, resend at 30 days from the expiration date.

2. If still no response, prior to the expiration of the current Adoption TANF, the post adoption case manager or designee will call the adoptive parent(s) to obtain the information. This conversation and information must be entered in case notes in CCWIS.

(c) When information is received, process the eligibility redetermination in CCWIS prior to the expiration of the existing TANF eligibility.

1. If the eligibility determination remains the same, make no changes to the AAA.

2. If the eligibility determination changes based on the redetermination, the change in subsidy type must be made to the CCWIS AAA and a signed AAA Update must be executed with an effective date that represents the date in which the change occurred, or date notification was received if the date the change occurred is unknown.

NOTE: An updated AAA is not generated when there is a change in fund source from TANF to state funds due to the family failing to correspond with the Department.

3. If the eligibility period has expired and the information was not received, process the eligibility redetermination within five calendar days utilizing the “No Response Received” checkbox in CCWIS. The child is ineligible for TANF MAS.

(2) Events Requiring Redetermination.

(a) A TANF redetermination must be completed in CCWIS when one of the changes listed below occurs.

1. Family no longer resides in Florida; or,
2. Child’s income changes.

(b) If the eligibility determination changes based on the redetermination, communication must occur to the appropriate lead agency staff to sign an AAA Update with the adoptive parent(s) to reflect the change in funding type and to complete a CCWIS AAA with an effective date that represents the date in which the change occurred.

5-6. State Funded Adoption Assistance. The state funded adoption assistance is granted only when it is determined that the child is ineligible for both Title IV-E and TANF adoption assistance for a child meeting all program requirements as outlined in this chapter and [65C-16, F.A.C.](#)

5-7. Responsibilities of the Department and Other States’ Agencies in Interstate Adoptions. If a state Title IV-E agency has responsibility for placement and care of a child, that state is responsible for entering into the AAA and paying the adoption subsidy for the child. However, if the child is not under the placement and care responsibility of the state Title IV-E agency, the child welfare agency in the adoptive parents’ state of residence is responsible for determining whether the child meets the definition of special needs, entering into the AAA, and paying the subsidy.

5-8. CCWIS Documentation. All eligibility must be documented in and determined by CCWIS. A Title IV-E Foster Care Eligibility Determination must be completed in CCWIS before initiating adoption eligibility. Please refer to Chapter 4 of this procedure for further information on Title IV-E foster care eligibility. Prior to initiating the Adoption Eligibility in CCWIS, confirmation must be obtained that the adoption program CCWIS data entry has been completed per [65C-16, F.A.C.](#)

a. Title IV-E Eligibility. The Adoption Eligibility page in CCWIS must be completed, but not approved, within two weeks of the request or notification of all required documentation being uploaded in CCWIS.

(1) The Effective Date of Adoption Eligibility page must reflect the Effective Date of the AAA.

(2) Documentation supporting the Eligibility Path for Title IV-E eligibility must be uploaded in the CCWIS File Cabinet.

b. TANF Initial Eligibility. The Adoption TANF eligibility page in CCWIS must be approved within 10 calendar days from the AAA and Adoption Eligibility effective date.

(1) The Effective From date on the Adoption TANF page must reflect the Effective Date of the AAA.

(2) If a child has income, it must be documented in the Assets and Employment page and supporting documentation must be uploaded to the CCWIS File Cabinet under the Image Category of Assets and Income.

c. TANF Redetermination Eligibility.

(1) The Effective From date of Adoption TANF page for a redetermination must reflect the day after the Effective To date of the most current Adoption TANF page or the actual date an event occurred which requires the review of adoption TANF eligibility.

(2) If a child has income, it must be documented in the Assets and Employment page and supporting documentation must be uploaded to the CCWIS File Cabinet under the Image Category of Assets and Income.

Chapter 6

EXTENDED FOSTER CARE

6-1. Overview. In 2008, the Fostering Connections to Success and Increasing Adoptions Act (P.L. 110-351) allowed states to receive federal Title IV-E reimbursement for costs associated with supports for young adults to remain in foster care up to age 21. Florida has offered Extended Foster Care (EFC) services for young adults, age 18-21, funded by state funds (general revenue). As of January 2019, Florida has elected to exercise the option afforded in the Social Security Act to use Title IV-E funds to provide foster care services for eligible young adults up to 21 years of age. To be eligible for the program, young adults are required to meet Title IV-E eligibility criteria along with state option requirements (section [39.6251](#), F.S., and Chapter [65C-41](#), F.A.C.).

a. A young adult's participation in the EFC program may be funded through Title IV-E federal financial participation or state funding through general revenue.

b. Participation in the EFC program authorizes a young adult to receive various program benefits such as foster care maintenance payment, Medicaid, judicial oversight, and case management services.

c. The following paragraphs of this operating procedure apply to young adults participating in the EFC program: Chapter 4, paragraphs 4-3, 4-4, 4-5, 4-6, 4-8, 4-10 and 4-13, and Attachment 1, Attachment 5, and Attachment 7.

6-2. Program Requirements. The Extended Foster Care program is intended to serve young adults as defined in section [39.6251](#), F.S. In order for a young adult to participate in EFC, the following requirements must be met:

a. Been in the legal custody of the Department or licensed out-of-home placement on the date of their 18th birthday, has not achieved permanency under section [39.621](#), F.S., and has not reached the age of 21.

b. Ongoing participation in a qualifying activity. Qualifying activities are as follows:

- (1) Completing secondary education or a program leading to an equivalent credential;
- (2) Enrolled in an institution that provides postsecondary or vocational education;
- (3) Participating in a program or activity designed to promote or eliminate barriers to employment;
- (4) Employed for at least 80 hours per month; or
- (5) Unable to participate in programs or activities listed in paragraphs (1)-(4) full time due to a physical, intellectual, emotional, or psychiatric condition that limits participation. Any such barrier to participation must be supported by documentation in the young adult's case file or school or medical records of a physical, intellectual, or psychiatric condition that impairs the young adult's ability to perform one or more life activities.

c. Reside in a supervised living arrangement approved by the Department or lead agency. A supervised living arrangement may include a foster home, group home, college dormitory, shared housing, apartment, or another housing arrangement if the arrangement is approved by the lead agency and is acceptable to the young adult.

d. Participation by young adult in case management and judicial proceedings.

6-3. Program Entry. Per section [39.6251](#), F.S., a child living in licensed care on his or her 18th birthday is automatically opted into the EFC program and remains under the jurisdiction of the court and in the care of the Department. If a young adult opts out of the EFC program or is involuntarily terminated, he or she may apply for readmission prior to turning age 21. For re-entry, the young adult and a Department representative must execute an Extended Foster Care Voluntary Placement Agreement (EFC VPA) (form CF-FSP [5377](#), available in DCF Forms), pursuant to section [39.6251](#), F.S. If the signing occurred on different dates, the date of the final signature is the date of the agreement and the date of removal/entry into EFC.

6-4. Program Funding. Title IV-E federal financial participation is the preferred funding source; therefore, a Title IV-E eligibility determination must be completed for all young adults entering the program. If a young adult is determined not to meet Title IV-E requirements, the young adult's participation in EFC will be state funded. There are two paths to determine Title IV-E eligibility for EFC; the path is determined by the entry method of the young adult into the program.

a. A young adult who exercises the option to remain in foster care, immediately upon turning 18, retains their Title IV-E eligibility status which was made at the time the young adult entered foster care as a child. Therefore, if a child was determined Title IV-E Ineligible for the latest removal episode prior to turning 18, the young adult's EFC eligibility will remain Title IV-E Ineligible. A subsequent Title IV-E Eligibility Determination shall not be completed. A young adult's entry into foster care as a child must have met the requirements outlined in Chapter 4 of this operating procedure regarding Title IV-E eligibility.

b. A young adult who applies to re-enter EFC, after a voluntary opt-out or involuntary termination, must have a Title IV-E EFC Eligibility determination completed based on the circumstances at the time of the removal/re-entry into care as a young adult pursuant to the EFC VPA.

6-5. Title IV-E Eligibility Determination. Upon execution of an EFC Voluntary Placement Agreement (form CF-FSP [5377](#), available in DCF Forms) for a young adult's re-entry into EFC, a Title IV-E EFC Eligibility Determination must be completed in CCWIS within 30 calendar days. Title IV-E EFC eligibility consists of federal Title IV-E and AFDC technical and financial, criteria according to the Title IV-A State Plan in effect on July 16, 1996. The AFDC determination is made without regard to the parent(s)/legal guardian(s) or others in the assistance unit in the home from which the young adult was removed as a younger child, and without regard to the young adult's spouse. To claim Title IV-E funding, the young adult must be determined Title IV-E Eligible, Reimbursable.

a. Title IV-E EFC VPA Requirements.

(1) Age. The young adult must have reached the age of 18, but not yet attained 21 years of age.

(2) Placement and Care Responsibility. The young adult must be in foster care under the placement and care responsibility of the Title IV-E agency.

(a) The EFC VPA authorizes the Department to have placement and care responsibility for the young adult in the EFC program.

(b) The young adult is Title IV-E, Not Reimbursable for any month in which the Department does not have placement and care responsibility.

(3) Best Interest Judicial Finding. Within 180 days of a young adult's entry into foster care pursuant to an EFC VPA, a judicial determination to the effect that such placement is in the best

interest of the young adult is required in order for the young adult to be eligible for continued Title IV-E funding. If the finding is not made within 180 days, the young adult is Title IV-E Ineligible as of the 181st day and for the remainder of the foster care episode.

(4) Supervised Independent Living Setting. A young adult must reside in a supervised living arrangement that is approved by the lead agency and acceptable to the young adult. The young adult is Title IV-E, Not Reimbursable if not living in an approved supervised living setting.

b. AFDC Technical Requirements. A young adult is Title IV-E Ineligible for the entire foster care episode if any of the AFDC requirements are not met.

(1) Citizenship or Qualified Non-Citizen Status. A young adult must be:

(a) A United States citizen; or,

(b) A qualified non-citizen as defined by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA; P.L. 104-193). Under Section 431 of PRWORA, a qualified non-citizen's access to federal public benefits is restricted for five years beginning on the date of entry into the United States, unless subsection (b), (c), or (d) of Section 431 applies. Under PRWORA, a qualified non-citizen is:

1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA);

2. An alien granted asylum under section 208 of INA;

3. A refugee admitted to the United States under section 207 of INA;

4. An alien paroled into the United States under section 212(d)(5) of INA for a period of at least one year;

5. An alien whose deportation is being withheld under section 243(h) of INA;

6. An alien granted conditional entry under section 203(a)(7) of INA as in effect prior to April 1, 1980;

7. If the child is a qualified alien who is placed with a qualified alien or United States citizen, the date the child entered the United States is irrelevant and the five-year restriction on federal public benefits does not apply; or,

8. If the child is a qualified alien who entered the United States on or after August 22, 1996, and is placed with an unqualified alien, the child would be subject to the five-year residency requirement for federal public benefits under section 403(a) of PRWORA unless the child is in one of the excepted groups.

(2) Living With/Removed from Home of a Specific Relative. A young adult is considered to be his or her own specified relative, thus meeting the requirement described in section 472(a) of the Act.

(3) Deprivation. A young adult is deemed to be deprived as long as the young adult is not residing with his or her natural or adoptive parent(s).

c. Standard Filing Unit (SFU).

(1) For Title IV-E EFC Eligibility, the SFU consists of the young adult only. The SFU size correlates to the Consolidated Need Standard (CNS) amount that is used in the income limit tests.

| | |
|-------------------|--------|
| SFU Size | 1 |
| 185% Income Limit | \$1194 |
| 100% Income Limit | \$645 |

(2) If the young adult is a recipient of Supplemental Security Income (SSI), he or she shall be excluded from the SFU and all income and resources are excluded from the income and asset limit calculations.

d. AFDC Financial Requirements. A young adult is Title IV-E Ineligible for the entire foster care episode if any of the AFDC requirements are not met.

(1) Income Limit. This requirement is a two-step process based on the income of the young adult. This determination is calculated by CCWIS based on the entries made in the CCWIS Assets and Employment module.

(a) Step One of the Income Test – Gross Income Limitation. Determine if the SFU's gross countable income is less than 185% of the CNS, after applying appropriate disregards. If the SFU's adjusted gross income is more than 185% of the CNS, the young adult would have been ineligible for AFDC and, thus, is not eligible for Title IV-E. If the SFU's adjusted gross income does not exceed 185% of the CNS, proceed to the second step.

(b) Step Two of the Income Test – Determination of Need. Compare SFU's countable income, after applying further appropriate disregards, to 100% of the CNS. If the SFU's income is in excess of 100% of the CNS, the young adult would not have been eligible for AFDC and, thus, is not eligible for Title IV-E. If the SFU's adjusted gross income does not exceed 100%, the young adult is Title IV-E eligible.

(2) Asset Limit. The young adult must not have combined assets/resources in excess of \$10,000, after applying appropriate disregards.

6-6. Title IV-E Ongoing Eligibility.

a. Reasonable Efforts to Finalize Permanency Plan. For court-ordered entry into foster care, to continue reimbursable status of Title IV-E eligibility, there must be a judicial finding that reasonable efforts were made to finalize the permanency plan (REFPP) every 12 months. The judicial finding shall be based on the permanency plan that is in effect. For young adults, this may include activities outlined in the young adult's transition and/or case plan that are intended to prepare the young adult for independence.

(1) For a young adult who remained in foster care continuously upon turning 18 years old, the 12-month timeframe is based upon the last finding prior to the young adult turning 18 years old. Subsequent REFPP judicial findings must be made no later than 12 months from the preceding finding as long as the young adult remains in extended foster care.

(2) Failure to obtain the initial and subsequent judicial findings, as prescribed above, results in the foster care maintenance payment being non-reimbursable for federal financial participation. Title IV-E reimbursement may resume for the month in which the REFPP finding is made.

b. Placement and Care Responsibility. For young adults who remain in foster care continuously via a court order, the court order shall provide the Department with placement and care responsibility.

The young adult is Title IV-E, Not Reimbursable for any month in which the Department does not have placement and care responsibility.

6-7. Termination of Eligibility. A young adult's eligibility continues until one of the following occurs:

- a. Young adult turns 21 years old;
- b. Young adult voluntarily opts out; or,
- c. Young adult is involuntarily terminated.

6-8. Children of Young Adults.

a. Section 475(4)(B) of the Act requires that foster care maintenance payments for a young adult in foster care cover the foster care maintenance costs for the young adult's child if that child is placed with the young adult in the same supervised living arrangement (SLA) setting.

(1) Child care costs may be included in the foster care maintenance payment paid to the SLA provider, young adult, or paid directly to the licensed child care provider.

b. Consistent with section 472(h)(2) of the Act, a child of the young adult in foster care whose costs are covered by the Title IV-E foster care maintenance payment is categorically eligible for the Title XIX Medicaid program.

6-9. Dual Eligibility – Determining Title IV-E Eligibility When a Young Adult Receives Third Party Benefits.

a. A young adult may receive SSA, Veteran's Administration (VA) benefits, or Railroad Retirement (RR) benefits and be determined Title IV-E, Reimbursable. Such benefits shall be considered countable unearned income in a Title IV-E eligibility determination. The young adult's cost of care may be shared between Title IV-E and the federal benefit received and should be pursued when appropriate.

b. A young adult may receive SSI and be determined Title IV-E, Non-Reimbursable. Such benefit is not considered countable income. Cost sharing between the Social Security Administration and Title IV-E is not an option. The state of Florida elects to claim the federal benefit through the Social Security Administration, thus resulting in the cost of care not being reimbursable under Title IV-E.

6-10. CCWIS Documentation.

a. Initial Title IV-E EFC Eligibility Determination for Re-Entry.

(1) An initial Title IV-E EFC eligibility determination shall be completed in CCWIS within 30 calendar days of the young adult re-entering the EFC program. The appropriate modules of CCWIS must be completed for the young adult.

(2) The Title IV-E EFC Eligibility Determination module for a voluntary removal is automatically generated upon the approval of an out-of-home placement with a service category type of Independent Living. The following data must be entered in CCWIS for the young adult before working on the Title IV-E EFC Eligibility Determination:

- (a) Person Management must document citizenship status and date of birth;

(b) Assets and Employment module must document all income (earned and unearned) and assets/resources for the AFDC eligibility month (at a minimum) for which CCWIS provides as an option;

1. The Eff. Start Date and the Effective From must reflect the date in which the first payment was received and the Eff. End Date and Effective To dates must reflect the date in which the last payment was received. Employment earned twice a month shall be entered as the 1st and 15th or 15th and last day of the month.

2. All known data for the income or asset type must be entered into CCWIS. At a minimum, the fields which capture the start date, end date (if applicable), and, as applicable, income, monthly amount, amount, value, estimated value, amount owed, frequency, and number of hours per week are required.

3. Lead agency revenue maximization staff shall upload financial documentation supporting the assistance group, removal home, and AFDC factors to the CCWIS File Cabinet under the relevant Image Category and Image Type. Then, link the documents to the Title IV-E Eligibility Determination using the Link Income/Asset Verification or Link Legal Document hyperlink. If documents are not linked to the Title IV-E Eligibility Determination, the Eligibility Notes must indicate the source and location of supporting documentation within CCWIS.

(c) Education Record, if applicable;

(d) Upload, as a Legal Document, the court order containing Best Interest finding, if determination has been made; and,

(e) The “Do not refer to Child Support Enforcement” checkbox must be marked and the Reason value of “Not Applicable – Young Adult” selected.

(3) The Eligibility Notes on the Title IV-E Eligibility Determination must only include the following relevant information for the EFC Initial determination:

(a) Eligibility Status

(b) Voluntary Placement Agreement date

(c) If Judicial finding for Best Interest was obtained, date obtained or pending.

(d) State Assistance Group is young adult only and indicate if young adult is included in Standard Filing Unit

(e) AFDC Technical: state deprivation type. If any AFDC Technical criteria is not met, indicate such.

(f) AFDC Financial: state if criteria is met and how or reason criteria is not met. Supporting documentation must be linked. If the Unable to Verify Income checkbox is used, notes must reflect what efforts were made as required in paragraph 4-13.a.(1)(d)4.

(g) If determination status is Not Reimbursable or Ineligible, state the reason.

(4) Once the CCWIS determination of Title IV-E eligibility is filled out by lead agency revenue maximization staff, the lead agency supervisor will review and then route to an OCFW

Eligibility Determination Specialist for approval by selecting the “Refer to Supervisor” link in CCWIS. Submission for approval must occur within 30 calendar days from the start of the removal episode.

b. Ongoing Title IV-E Eligibility Determination for Voluntary Removal. For a young adult who is determined Title IV-E eligible, ongoing eligibility requirements must be documented in CCWIS within 30 calendar days of the event.

(1) Best Interest. If a judicial finding that it is in the young adult’s best interest to remain in foster care has not been made by the time the Initial Title IV-E EFC Eligibility Determination was completed, a redetermination must be completed to document when the Best Interest finding was made or after the 180-day period has lapsed, whichever occurs first. If the Best Interest finding is not made, a young adult becomes Title IV-E Ineligible for the remainder of the removal episode on the 181st day from entry into care. The Eligibility Note must indicate “180-Day Best Interest finding obtained” or “180-Day Best Interest finding not obtained”.

(2) Change in SSI. If a change in the SSI benefit occurs, such as approval or termination of benefits for a Title IV-E eligible young adult, the CCWIS Assets and Employment module must be updated and a redetermination completed in CCWIS to accurately document the change in Title IV-E reimbursability. For benefit amount changes, the Eff. End Date and Eff. Start Date for the Unearned Income entry should be the same date in the month the change was effective. The Eligibility Note must indicate “SSI Change - Started” or “SSI Change - Ended”.

c. Ongoing Title IV-E Eligibility Determination for Court-Ordered Removal. For a young adult who was determined Title IV-E eligible as a child, ongoing eligibility requirements must be documented in CCWIS within 30 calendar days of the event. The following events must be documented on the redetermination tab of the Title IV-E Eligibility Determination module in CCWIS:

(1) Reasonable Efforts to Finalize Permanency Plan (REFPP).

(a) A redetermination must be completed to document the REFPP judicial finding 12-month requirement. The court order containing the finding must be linked to the redetermination entry in CCWIS. The effective date of the redetermination should reflect the date of the REFPP judicial finding. The young adult remains Title IV-E Eligible, Reimbursable as long as the young adult is otherwise Title IV-E Eligible, Reimbursable. The Eligibility Note must indicate “Reasonable Efforts to Finalize Permanency Plan Finding Obtained”.

(b) If the REFPP judicial finding is not obtained within the 12-month timeframe, based on the month of the last REFPP judicial finding, a redetermination is completed to reflect the young adult as Title IV-E Eligible, Not Reimbursable effective on the first day of the 13th month. If user entered, the Eligibility Note must indicate “Reasonable Efforts to Finalize Permanency Plan Finding Not Obtained”.

(c) A redetermination is completed with an effective date on the first day of the month in which the REFPP judicial finding is made to regain Reimbursable status, as long as the young adult is otherwise Title IV-E Eligible, Reimbursable. The Eligibility Note must indicate “Reasonable Efforts to Finalize Permanency Plan Finding Obtained”.

(2) Change in SSI. If a change in the SSI benefit occurs, such as approval or termination of benefits, for a Title IV-E eligible young adult, the CCWIS Assets and Employment module must be updated and a redetermination completed in CCWIS to accurately document the change in Title IV-E reimbursability. For benefit amount changes, the Eff. End Date and Eff. Start Date for the Unearned

Income entry should be the same date in the month the change was effective. The Eligibility Note must indicate "SSI Change - Started" or "SSI Change - Ended".

Chapter 7

EXTENSION OF MAINTENANCE ADOPTION SUBSIDY

7-1. Overview. In 2008, the Fostering Connections to Success and Increasing Adoptions Act (P.L. 110-351) allowed states to receive federal Title IV-E reimbursement for costs associated with supports for young adults up to age 21. Effective January 1, 2019, Florida will utilize Title IV-E funds to provide adoption assistance for eligible young adults up to 21 years of age. To be eligible for the program, young adults are required to meet Title IV-E eligibility criteria along with state option requirements outlined in section [409.166](#), F.S. and Chapter [65C-16](#), F.A.C. As of July 1, 2024, a child that is adopted at 14 or 15 years of age may be eligible for Extension of Maintenance Adoption Subsidy through the state funded program.

a. A young adult's participation in the Extension of Maintenance Adoption Subsidy (EMAS) program may be funded through Title IV-E federal financial participation or state funding through general revenue.

b. Participation in the EMAS program authorizes the adoptive parent(s) to receive an adoption subsidy payment on behalf of the young adult and the young adult to receive Medicaid.

c. The following paragraphs of this operating procedure apply to young adults participating in the EMAS program: Chapter 5, paragraphs 5-3, 5-4, 5-8, 5-17, 5-18, and 5-20.

7-2. Program Requirements. The EMAS program is intended to serve young adults as defined in section [409.166\(4\)\(a\)](#), F.S. In order for a young adult to participate in EMAS, the program requirements outlined in [65C-16.0131, F.A.C.](#), must be met.

7-3. Program Funding. Adoptive parent(s) and young adults may participate in the EMAS program regardless of the Title IV-E Eligibility status of which the adoption subsidy is funded prior to age 18.

7-4. Funding Type Determination. Funding type determinations for EMAS is based upon the funding type determination that was in effect for participation in Maintenance Adoption Subsidy (MAS) and the child's age at the time the AAA was executed. Therefore:

a. Young adults who were funded by Title IV-E MAS, will continue Title IV-E funding for EMAS.

b. Young adults who were funded by TANF MAS will be state funded for EMAS.

c. Young adults who were state funded MAS will continue to be state funded for EMAS.

d. Young adults who were 14 or 15 years of age when the AAA was executed, regardless of their funding determination prior to age 18, will be state funded for EMAS.

e. The funding type remains the same regardless of a young adult's discharge and re-entry into the program.

7-5. Extended Adoption Assistance Agreement. An Extended Adoption Assistance Agreement (EAAA) (form CF-FSP [5433](#), available in DCF Forms) shall be executed between the adoptive parent(s), young adult, and Department designee.

a. The effective date of the EAAA shall be the date of the young adult's 18th birthday or a date thereafter up until the age of 21. A determination shall be made in CCWIS verifying all program criteria has been met, along with obtaining supporting documentation, before the effective date of the EAAA can be determined.

b. EMAS payments are not authorized until all parties have signed the EAAA and supporting documentation of a qualifying activity has been received by the designated child welfare professional. The payment shall only be authorized for the period in which supporting documentation reflects participation in a qualifying activity.

c. The EAAA shall reflect the accurate funding type.

(1) The child welfare professional shall request an eligibility determination from lead agency revenue maximization staff.

(2) Lead agency revenue maximization staff shall provide the funding eligibility type to the child welfare professional within 10 calendar days of the request.

7-6. Ongoing Payment Determination. Every six months the young adult must provide supporting documentation of his or her participation in a qualifying activity, pursuant to section [409.166](#), F.S.

a. If supporting documentation is not provided, payment will not be released for the period until documentation is provided.

b. Payment may resume upon the young adult providing supporting documentation effective for the timeframe in which supporting documentation verifies participation in a qualifying activity.

c. Payment continues through the month of the young adult's 21st birthday, unless the young adult's date of birth is the first day of the month.

7-7. Termination of Payment. Termination of payment coincides with the criteria outlined in section [409.166](#), F.S., and [65C-16, F.A.C.](#)

7-8. CCWIS Documentation.

a. Funding Type Determination. CCWIS shall contain the applicable eligibility determination and supporting documentation as required for a MAS determination. Please see Chapter 5 of this operating procedure for additional information.

b. Payment Determination. Supporting documentation of the young adults qualifying activity must be uploaded into the CCWIS File Cabinet for ongoing payment pursuant to [65C-16, F.A.C.](#)

Chapter 8

GUARDIANSHIP ASSISTANCE PROGRAM

8-1. Overview. Authorized by the Social Security Act, states have the option to receive federal Title IV-E reimbursement for payments and associated costs to relatives or fictive kin who assume legal guardianship of certain children for whom they have cared for while foster parents. Effective July 1, 2019, Florida has elected to participate in the federal Guardianship Assistance Program (GAP).

a. Participation in the GAP authorizes guardian(s) to receive a monthly payment, a one-time nonrecurring payment per section [39.6225\(7\)](#), F.S., and the child is eligible to receive Medicaid.

b. Refer to Chapter 2 of this operating procedure for Medicaid policy.

8-2. Program Requirements. GAP is intended to serve children who are placed with relative guardians, as defined in this chapter, in permanent guardianship.

a. "Relative" means a relative as defined in section [39.01\(73\)](#), F.S., next of kin as defined in section [39.01\(51\)](#), F.S., or fictive kin as defined in section [39.01\(29\)](#), F.S.

b. To be eligible for the program, relative guardians are required to meet Title IV-E program criteria along with state option requirements outlined in section [39.6225](#), F.S. Please refer to CFOP 170-10, [Chapter 13](#), Guardianship Assistance Program, for program policy.

8-3. Program Funding. A guardian's participation in GAP may be funded through Title IV-E federal financial participation, TANF, or state funded. If a child is determined to not meet Title IV-E foster care eligibility requirements, a TANF determination will be made. If a child does not meet TANF eligibility requirements, participation will be state funded.

a. Title IV-E funded means the child was determined eligible for Title IV-E foster care as outlined in Chapter 4 of this operating procedure, and eligible for GAP.

b. TANF funded means the child was determined ineligible for Title IV-E foster care, eligible for TANF as outlined in Chapter 3 of this operating procedure, and eligible for GAP.

c. State funded means the child was determined ineligible for Title IV-E foster care, ineligible for TANF, and eligible for GAP.

8-4. Funding Type Determination. A preliminary funding determination must be made in CCWIS in conjunction with a presumptive program eligibility determination.

a. The child welfare professional shall notify lead agency revenue maximization staff upon initiation of a presumptive program eligibility determination.

b. Lead agency revenue maximization staff shall ensure a foster care Title IV-E Eligibility Determination is completed in CCWIS within 15 calendar days of notification. If a foster care Title IV-E Eligibility Determination exists upon notification, lead agency revenue maximization staff shall review the determination for accuracy and supporting documentation. Refer to Chapter 4 of this operating procedure for policy related to Title IV-E Foster Care Eligibility Determinations.

c. If a child is determined Title IV-E ineligible for foster care, a TANF Eligibility determination shall be initiated. Upon entering GAP, the TANF Eligibility determination is approved with an effective date of program entry.

d. Lead agency revenue maximization staff shall communicate eligibility determination with the child welfare professional for inclusion on the Guardianship Assistance Agreement.

e. If a guardian regains program eligibility, the funding type shall be determined upon readmission for children who were Title IV-E ineligible.

8-5. Guardianship Assistance Agreement (GAA). A GAA (form CF-FSP [5437](#), available in DCF Forms) shall be executed between the guardian(s) and Department designee prior to legal case closure and a payment being made to the guardian(s).

a. GAP payments are not authorized until all parties have signed the GAA and supporting documentation of a funding program eligibility is approved in CCWIS.

b. The effective date of the GAA shall be the date on which all program criteria is met which includes achieving legal Permanent Guardianship.

c. The GAA shall reflect the funding type and amount for the GAP payment. If the funding type changes, an updated GAA shall be executed by the guardian(s) and the Department designee.

d. If a child receives SSI, the GAP payment amount must equal zero.

(1) The guardian must be advised to contact the lead agency if the child loses eligibility for SSI to initiate a GAA Update to begin receiving a GAP payment. The GAP payment must be effective from the date the written request was made.

(2) No other government benefit or private payment received on behalf of the child shall cause the GAP payment to be reduced or eliminated.

(3) If the anticipated enhanced GAP payment will be greater than the amount being received as an SSI payment, the guardian may elect to receive a GAP payment. In turn, the guardian must report the GAP payment as income to the Social Security Administration office. This income may reduce the SSI payment received as determined by the Social Security Administration office.

NOTE: An updated GAA is not generated when there is a change in fund source from TANF to state funds due to the family failing to correspond with the Department.

8-6. Ongoing Funding Type Determination.

a. A child who is determined Title IV-E eligible for GAP, remains eligible and an ongoing funding eligibility determination is not applicable. As long as the child/guardian remain eligible per program requirements, participation will continue to be funded through Title IV-E.

b. If a child is determined TANF eligible for GAP, annual TANF Eligibility redeterminations must be completed every 12 months or when a change in circumstances occurs.

(1) The "Guardianship Assistance Program Eligibility Redetermination" (form CF-FSP [5441](#), available in DCF Forms) shall be used to gather current information from the guardian(s) to support TANF Eligibility redeterminations.

(2) The form shall be sent to the relative guardian(s) 60 days prior to the expiration date of the current TANF determination.

(3) If a response is not received, a subsequent form shall be sent to the relative guardian(s) 30 days prior to the expiration date of the current TANF determination.

(4) If still no response, the child welfare professional or designee shall attempt telephonic communication with the guardian(s) to obtain the information. A CCWIS case note shall be entered regarding the response.

(5) When a change in the child's state of residency or income occurs, a GAP TANF Eligibility redetermination is required.

(6) If the TANF Eligibility status changes, an Updated GAA shall be executed between the guardian(s) and the Department designee reflecting the new funding source.

8-7. Termination of Payment. Payment continues through the month of the child's 18th birthday, unless the child's date of birth is the first day of the month. GAP payments are terminated upon program termination pursuant to section [39.6225](#), F.S. Please refer to CFOP 170-10, [Chapter 13](#), Guardianship Assistance Program, for program policy.

8-8. CCWIS Documentation.

a. Initial Funding Type Determination. The GAP funding eligibility determination must be completed in CCWIS prior to the completion of GAP program eligibility determination which consists of:

(1) A foster care Title IV-E Eligibility Determination shall be completed in CCWIS within 15 calendar days of notification by the child welfare professional. All supporting documentation shall be uploaded into the CCWIS File Cabinet under the relevant Image Category and Image Type.

(2) If foster care Title IV-E Ineligible, a TANF Eligibility determination shall be initiated in CCWIS prior to the execution of the GAA. A funding determination shall be provided to the child welfare professional. All supporting documentation shall be uploaded into the CCWIS File Cabinet under the relevant Image Category and Image Type. The TANF Eligibility determination with an Effective From date that reflects the same date the GAA is effective, must be approved in CCWIS within 10 calendar days from the GAA effective date.

(3) The Initial GAA shall be uploaded in the CCWIS File Cabinet under the Image Category of Guardianship Assistance Program and Image Type of Guardianship Assistance Agreement (signed).

b. Ongoing Funding Type Determination. Lead agency revenue maximization staff or designee shall complete an annual TANF Eligibility redetermination in CCWIS within 10 calendar days of the current TANF expiration or notification of a change in circumstances. The effective date of the TANF Eligibility redetermination shall be no more than one day after the expiration of the prior determination.

(1) The Guardianship Assistance Program Eligibility Redetermination (form CF-FSP [5441](#), available in DCF Forms) shall be uploaded into the CCWIS File Cabinet under the Image Category of Guardianship Assistance Program and the Image Type of GAP Annual Redetermination. If additional income documentation is received, such as Social Security Administration award letter, such documentation shall be uploaded under the corresponding Image Category and Image Type.

(2) If a response is not received after the second mailing of form CF-FSP [5441](#) and after telephonic contact attempt, the TANF eligibility redetermination shall be completed in CCWIS utilizing the "No Response Received" checkbox. The TANF Eligibility status will result as Ineligible.

(3) If the funding type or any other element of the GAA changes, the Updated GAA shall be uploaded into the CCWIS File Cabinet under the Image Category of Guardianship Assistance Program and Image Type of Guardianship Assistance Agreement (signed).

Chapter 9

EXTENSION OF GUARDIANSHIP ASSISTANCE PROGRAM

9-1. Overview. In 2008, the Fostering Connections to Success and Increasing Adoptions Act 110-351) allowed states to receive federal Title IV-E reimbursement for costs associated with supports for young adults up to age 21. Effective July 1, 2019, Florida will use Title IV-E funds to continue to provide benefits for eligible guardians and young adults up to 21 years of age. As of July 1, 2024, a child that enters an initial Guardianship Assistance Agreement at 14 or 15 years of age may be eligible for Extension of Guardianship Assistance Program through the state funded program.

a. Participation in the Extension of Guardianship Assistance Program (EGAP) authorizes benefits such as a monthly payment to the guardian(s) and the young adult to receive Medicaid.

b. A young adult's participation in EGAP may be funded through Title IV-E federal financial participation or state funded.

9-2. Program Requirements. EGAP is intended to serve young adults, as defined in section [39.6225\(1\)](#), F.S., who are placed in permanent guardianship, with relative guardians, as defined in this chapter.

a. "Relative" means a relative as defined in section [39.01\(73\)](#), F.S., next of kin as defined in section [39.01\(51\)](#), F.S., or fictive kin as defined in section [39.01\(28\)](#), F.S.

b. To be eligible for the program, young adults are required to meet Title IV-E eligibility criteria along with state option requirements outlined in section [39.6225](#), F.S. and CFOP 170-10, [Chapter 13](#), Guardianship Assistance Program.

9-3. Program Funding. Guardian(s) and young adults may participate in EGAP regardless of the Title IV-E Eligibility status of which participation in GAP was funded prior to age 18. Refer to Chapter 8 of this operating procedures regarding GAP funding determination.

9-4. Funding Type Determination. The funding type determination for EGAP is based upon the funding type determination that was in effect for participation in GAP and the child's age at the time the GAA was executed. Therefore:

a. Young adults who were funded by Title IV-E GAP, will continue Title IV-E funding for EGAP.

b. Young adults who were funded by TANF GAP, will be state funded for EGAP.

c. Young adults who were state funded GAP, will continue to be state funded for EGAP.

d. Young adults who were 14 or 15 years of age when the GAA was executed, regardless of their funding determination prior to age 18, will be state funded for EGAP.

e. The funding type remains the same regardless of a young adult's discharge and re-entry into the program.

9-5. Extension of Guardianship Assistance Agreement. An Extension of Guardianship Assistance Agreement (EGAA) (form CF-FSP [5434](#), available in DCF Forms) shall be executed between the guardian(s), young adult, and Department designee.

a. The effective date of the EGAA shall be the date of the young adult's 18th birthday or a date thereafter until the age of 21.

b. EGAP payments are not authorized until all parties have signed the EGAA and supporting documentation of a qualifying activity has been received by the designated child welfare professional. The payment shall only be authorized for the period in which supporting documentation reflects participation in a qualifying activity.

c. The EGAA shall reflect the accurate funding type and amount.

d. If the young adult receives SSI, the EGAP payment amount must equal zero. If a young adult loses eligibility for SSI, the guardian and young adult must be advised to contact the lead agency to initiate an EGAA Update to being receiving an EGAP payment. The EGAP payment must be effective from the date the written request was made.

9-6. Ongoing Payment Determination. Every six months the young adult must provide supporting documentation of his or her participation in a qualifying activity, pursuant to section [39.6225\(9\)](#), F.S.

a. If supporting documentation is not provided, payment will not be released for the period until documentation is provided.

b. Payment may resume upon the young adult providing supporting documentation effective for the timeframe in which supporting documentation verifies participation in a qualifying activity.

c. Payment continues through the month of the young adult's 21st birthday, unless the young adult's date of birth is the first day of the month.

9-7. Termination of EGAP Payment. Termination of payment coincides with the criteria outlined in section [39.6225](#), F.S. Please refer to CFOP 170-10, [Chapter 13](#), Guardianship Assistance Program, for program policy.

9-8. CCWIS Documentation.

a. Funding Type Determination. CCWIS shall contain the applicable eligibility determination and supporting documentation as required for a foster care determination. Please see Chapter 4 of this operating procedure for additional information.

b. Payment Determination.

(1) Supporting documentation of the young adult's qualifying activity must be uploaded into the CCWIS File Cabinet for ongoing payment pursuant to CFOP 170-10, [Chapter 13](#), Guardianship Assistance Program.

(2) The Initial EGAA shall be uploaded into the CCWIS File Cabinet.

Chapter 10

TITLE IV-E CANDIDACY FOR IN-HOME SUPERVISION CASES

10-1. Overview. Effective October 1, 2019, the Department will claim Title IV-E federal funding for the administrative costs associated with a child who is at imminent risk of removal and efforts are being made to prevent removal by arranging services or to petition the courts to seek removal. This chapter provides specific guidance and instructions to meet candidacy requirements as set forth in section 472(i)(2) of the Social Security Act. The procedure aligns with Florida's practice model which focuses on the execution of a safety plan when a child is determined to be in present or impending danger and the subsequent safety management services and case management services to control and manage those threats.

10-2. Scope. This chapter describes the policies and procedures for the Title IV-E Candidacy Program to allow for claiming Title IV-E reimbursement for eligible case management services to eligible foster (out-of-home) care candidates.

10-3. Authority.

- a. Sections [39.301\(9\)\(a\) and \(b\)](#), Florida Statutes (F.S.), Initiation of Protective Investigations.
- b. Sections [39.521\(1\)\(f\) and \(g\)](#), F.S., Disposition Hearings; Powers of Disposition.
- c. Sections [39.522\(2\) and \(3\)](#), F.S., Post-disposition Change of Custody.
- d. Rule [65C-29.003\(3\)](#), Florida Administrative Code (F.A.C.) Safety Planning Requirements.
- e. Rules [65C-30.002\(1\), \(2\), \(3\) and \(4\)](#), F.A.C., Safety Planning and Case Transfer.
- f. Rules [65C-30.007\(7\), \(8\), \(9\) and \(10\)](#), F.A.C., Case Management Responsibilities After Case Transfer.
- g. Rule [65C-30.009\(3\)\(b\)](#), F.A.C., Least Intrusive Interventions.
- h. Rules [65C-30.013\(2\)\(a\) and \(b\)](#), F.A.C., Judicial Reviews and Court Reports.
- i. Rule [65C-30.014\(3\)\(b\)](#), F.A.C., Post-Placement Supervision and Services.

10-4. Establishing Candidacy. The Title IV-E Candidacy Program is for children who are at serious or imminent risk of removal from their home and the state is attempting to prevent the removal through the implementation of services or is petitioning the courts to seek removal.

a. The Department may claim and receive federal funding for the administrative costs associated with children who are residing in an in-home setting and qualify as candidates for foster care.

NOTE: For the purposes of this chapter, "foster care" is defined as 24-hour substitute care for children placed away from their parents or guardians and for whom the Department has placement and care responsibility. This includes, but is not limited to, placements in foster family homes, placements with relatives or non-relatives, group homes, emergency shelters, residential facilities, childcare institutions, and pre-adoptive homes. A child is in foster care in accordance with this definition regardless of whether the foster care facility is licensed and payments are made by the state, Tribal, or local agency

for the care of the child; whether adoption subsidy payments are being made prior to the finalization of an adoption or whether there is federal matching of any payments that are made.

b. Eligible children may be in families involved in an open child protective investigation or receiving in-home supervision services. Child welfare professionals must provide sufficient documentation to support the determination that any child within a family involved in an open investigation or receiving in-home supervision/case management services is at imminent risk of removal without a safety plan being developed, implemented, and monitored.

(1) A child is a reasonable candidate for foster care if:

(a) Child resides in a home where a safety plan is implemented;

(b) Child is at serious or imminent risk of removal (as defined in 2) below);

(c) Reasonable efforts to prevent the removal are being made by providing safety management services as part of a safety plan that include services necessary to prevent removal; *and*,

(d) If it becomes necessary to remove the child from the home, the child is expected to be placed in foster care.

(2) A child is at serious or imminent risk of removal if:

(a) The Family Functioning Assessment (FFA) determines that a child is unsafe due to impending danger and a safety plan is developed to control the danger threats. The safety plan must specifically document the safety action(s) and services being provided and monitored to control the danger threat(s). Refer to CFOP [170-7](#), Develop and Manage Safety Plans, for developing and managing safety plans for unsafe children.

(b) The child was reunified with a parent or legal guardian and the Department/lead agency continues to provide safety management services as a part of a safety plan that includes services necessary to prevent removal and re-entry into foster care.

(3) Concurrently, the child welfare worker will develop or amend the case plan to support the parent's longer-term efforts to develop sufficient protective capacities, reducing the level of control and intrusiveness of the safety plan until it is no longer required to ensure a child's safety. The case plan must identify services, strategies, and supports to assist the parent or guardian and family to achieve the desired behaviors identified in the case plan in order to prevent removal of the child and to reunify the family. The services must meet the specific needs of the family to prevent removal of the child. If these services are not effective, emergency removal of the child will be necessary.

c. A child is not a candidate for foster care if:

(1) He or she is not in an open investigation or case management case;

(2) Family is referred for family support services and has no active involvement with the Department or lead agency; or,

(3) Child is already in foster care.

10-5. Documenting Candidacy.

a. The following activities must be conducted and documented accordingly:

(1) The safety plan must be specific, sufficient, feasible, and sustainable to manage and control all sources of the danger threat(s) in the home. The safety plan must be reviewed and updated to address changing family dynamics at least once every six months. The child welfare professional will ensure each safety plan clearly describes:

- (a) How the danger threat is manifested in the home;
- (b) What actions or activities will control and manage the identified danger threat(s);
- (c) Absent the safety services, foster care is the planned arrangement for the child; and,
- (d) The effective date of the safety plan.

(2) A safety plan that clearly indicates a plan for entry or re-entry into care if the in-home services provided by the Department become ineffective. The safety plan must be signed by the parent or legal guardian acknowledging that they approve of the safety management services and that they are aware that in the absence of the services, the child may come into foster care.

(3) If the Department is not able to develop a safety plan that is specific, sufficient, feasible, and sustainable to control the source of the danger threat in the home, the Department must file a shelter petition. The petition must describe which specific condition an in-home safety plan cannot meet.

(4) All post placement supervision cases (i.e., reunification) must have an in-home safety plan in place prior to reunification to ensure that the child’s well-being, physical, mental, and emotional health will not be endangered. The safety plan must remain in effect until the child is no longer unsafe.

b. Redeterminations of candidacy eligibility must be completed every 180 days. Candidacy can only be continued if there is a current safety plan that has been completed within the last 180 days and there is a determination that the child continues to be at imminent risk of entry into foster care.

10-6. CCWIS Documentation.

a. The child welfare professional and his or her supervisor are responsible for ensuring that the safety plan created in CCWIS is the current and active safety plan.

b. The child welfare professional will upload the signed version of the safety plan, as well as any new or updated Impending Danger Safety Plans to the CCWIS Safety Plan Page within two business days of its creation or modification.

c. In addition, the child welfare professional or designee will ensure the living arrangement is created and documented in CCWIS under the placement module.