

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. There is no income limit for eligibility. If the young adult is eligible for another Medicaid coverage type, they must be placed in that coverage, such as young adult with a minor child. If the Medicaid case does not include an indicator that the youth adult is a former foster care youth, a correction should be made to ensure the young adult is evaluated appropriately for Medicaid coverage.

(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, Community-Based Care (CBC) staff must apply for CIC Medicaid for the child through FSFN 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/CBC 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 in Determining Medicaid Eligibility.

a. The responsibilities of CPIs, case managers, and 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 FSFN screens as required for determination or that may impact Medicaid eligibility. CPIs, case managers, and revenue maximization staff must record changes in FSFN 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 FSFN.

(2) Contacting the agency or CBC revenue maximization staff if additional information is needed to establish Medicaid eligibility; giving ten calendar days to return the information.

(a) If information is not returned, CIC staff should seek assistance from the agency or revenue maximization supervisor who submitted the application.

(b) 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 the 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 FSFN 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 FSFN on the Assets and Employment page.

<p>Things to Remember</p> <ul style="list-style-type: none"> • Money or property in a child’s Master Trust account or subaccount is excluded from being a countable asset.

(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 FSFN (Assets and Employment page) and documentation scanned and uploaded under the Assets and Income Image Category of FSFN File Cabinet.

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

2. 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. Revenue maximization staff will monitor the Initial CIC Medicaid application to ensure the child's coverage is activated. Revenue maximization staff will contact CIC staff if Medicaid is not processed within three business days.

d. Once CIC Medicaid coverage is activated, the 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 FSFN within two business days and/or notify revenue maximization staff.

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

(3) Once the information is submitted, FSFN 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 CBC designee shall complete the Medicaid Managed Care (MMC) plan selection process. For children currently enrolled in a 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). Young adults who are eligible to receive services under sections [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 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 at the age of 16 or 17 after spending at least 6 months in licensed care within the 12 months immediately preceding adoption placement; or,
- e. Young adults placed with a court-approved dependency guardian at the age of 16 or 17 after spending at least 6 months in licensed care within the 12 months immediately preceding placement with the caregiver.

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 (Affordable Care Act) (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) Is not eligible for Medicaid under another coverage group;

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

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

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 CBC shall complete the necessary application process for the CBC to become the Representative Payee.

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

(3) For young adults, the CBC shall request the young adult to select the CBC 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 FSFN. When a change occurs in FSFN, the system will automatically generate an Action record if there is an existing Medicaid eligibility record.

(a) 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 CBC or foster parent 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 CBC 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 CBC 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 CBC 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. Revenue maximization must inform CIC that the child's Medicaid should remain open due to out-of-state placement.

(4) The CBC 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 CBC 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 CBC 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) Revenue maximization staff must submit an Initial action in the Medicaid Eligibility module for CIC Medicaid coverage. Prior to submission, revenue maximization must ensure entry of FSFN data necessary for successful submission.

(d) Revenue maximization staff will monitor the Initial CIC Medicaid application to ensure the child's coverage is activated. 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 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 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 revenue maximization staff of the change of case status.

(b) Revenue maximization staff will submit a Closure action in FSFN 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 FSFN, 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 FSFN 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 revenue maximization staff enter this information into the Medical Mental Health module in FSFN 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 [409.401](#), 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 2-5b 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, 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's whose benefits are TANF or state funded will be eligible for Medicaid in Florida if the technical and financial requirements described in paragraph 2-5b 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, 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 programs, whichever occurs first.

2-18. FSFN Documentation.

a. Initial Application. The revenue maximization staff shall utilize access to various systems and information gathered by the CPI and CBC 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 FSFN modules shall be reviewed for completeness prior to submission of an Initial Medicaid application in FSFN:

(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) FSFN 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 FSFN 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 FSFN 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, FSFN 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, FSFN updates must occur in order of: ensuring young adult's FSFN 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 FSFN 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, FSFN 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, FSFN 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 PESS program. When a child receiving GAP Medicaid reaches age 18, FSFN 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, FSFN updates must occur in order of: ensuring the young adult's FSFN 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, FSFN updates must occur in order of: ensuring the young adult's FSFN 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, FSFN 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 from Out of Home Care at age 16 or 17 with 6 Months in Licensed Foster Care in the custody of Florida DCF	<ul style="list-style-type: none"> • Prior to processing a Medicaid closure at age 18, CBC must assess if the young adult is eligible. If eligible, CBC must communicate with CIC to ensure coverage continues. • YA/Adoptive parent(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 16 or 17 and enrolled in Extension of Maintenance Adoption Subsidy (EMAS) 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. • CBC is responsible for managing account through FSFN • ICAMA procedures apply when an IV-E Eligible young adult resides in a state other than Florida. 				The YA is responsible for establishing a source of health care insurance.			
Achieved Permanent Guardianship from Out of Home Care at age 16 or 17 with 6 Months in Licensed Foster Care in Florida DCF	<ul style="list-style-type: none"> • Prior to processing a Medicaid closure at age 18, CBC must assess if the young adult is eligible. If eligible, CBC must communicate with CIC to ensure coverage continues. • YA/Guardian(s) are responsible for selecting a health plan provider. 				The YA is responsible for establishing a source of health care insurance.			
Initial Guardianship Assistance Agreement executed at age 16 or 17 and enrolled in Extension of Guardianship Assistance Program (EGAP)	<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. • CBC is responsible for managing account through FSFN • ICAMA procedures apply when an IV-E Eligible young adult resides in a state other than Florida. 				The YA is responsible for establishing a source of health care insurance.			
Turned 18 in out-of-home care and in the legal custody of a caregiver under Florida's jurisdiction	General Medicaid Coverage through the Affordable Care Act (ACA)							
	<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 out-of-home care and in the legal custody of Florida Department of Children & Families (DCF)	<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. • Community Based Care (CBC) agency is responsible for managing account through FSFN and assisting young adult with selecting provider. 				General Medicaid Coverage through the ACA			
	<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. 							

1. **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.
2. **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.
3. **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. |

