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General Program Information

0210.0000 Food Stamps

This chapter presents general program information about the Food Stamp Program.

0210.0001 Caseload Distribution (FS)

Caseload assignments are frequently made according to the characteristics of a given assistance group and the type of assistance received. These breakdowns are called Temporary Cash Assistance cases, Family-Related Medicaid cases or SSI-Related Medicaid cases. Each type may include food stamps.

A Temporary Cash Assistance case or Family-Related Medicaid case may contain one or more of the following types of assistance: Temporary Cash Assistance (TCA), Refugee Assistance Program (RAP), food stamps, Family-Related Medicaid, MEDS or Medically Needy.

An SSI-Related Medicaid case may contain one or more of the following types of assistance: Institutional Care Program (ICP), MEDS-AD, Protected Medicaid (PM), Medically Needy, Emergency Medicaid for Aliens (EMA), Hospice, Home and Community Based Services (HCBS), Refugee Assistance Program (RAP), Qualified Medicare Beneficiaries (QMB), Working Disabled (WD), Special Low Income Medicare Beneficiary (SLMB), Optional State Supplementation (OSS), Part B Medicare Only (PBMO), Home Care for Disabled Adults (HCDA), or food stamps. All programs are Medicaid Programs except OSS, HCDA and food stamps. The Department of Elder Affairs currently handles Home Care for the Elderly (HCE).

A mixed caseload contains one or more Temporary Cash Assistance or Family-Related Medicaid and SSI-Related types of assistance, with or without food stamps.

Child in Care cases are frequently specialized due to the special confidentiality requirements and unique policy. Therefore, they are not considered part of the Temporary Cash Assistance or Family-Related Medicaid caseload and the information about the case is limited to eligibility specialists with special confidential security profiles.

0210.0100 FOOD STAMP PROGRAM (FS)

The purpose of the Food Stamp Program is to help eligible assistance groups obtain a more nutritious diet by increasing food purchasing power through regular market channels.

0210.0101 Legal Basis (FS)

The Legal Basis for the Food Stamp Program is the Food Stamp Act of 1977, the Omnibus Reconciliation Act of 1981, and the Food Security Act of 1965. Benefits are funded 100 percent by the federal government, and administrative costs are shared by the state and federal government on a 50-50 basis.

0210.0102 Program Overview (FS)

Assistance groups are authorized benefits electronically through Electronic Benefits Transfer (EBT), which they use to purchase food at retail stores authorized by the United States Department of Agriculture (USDA). Food stamps are intended to supplement other assistance group income. The amount of benefits received is based on the assistance group's size and financial circumstances.

0210.0103 Eligibility Criteria (FS)

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

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

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

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

Broad-based categorically eligible standard filing units are categorically eligible because they received information about Temporary Assistance for Needy Families or Maintenance of Effort funded services or benefits in an ACCESS Florida notice. Broad-based categorically eligible standard filing units must meet the gross income limit, which is 200% of the federal poverty level. Standard filing units that contain a member disqualified for IPV, fleeing felon, felony drug trafficking, felons who are not compliant with their sentence terms and who committed either a federal or state felony for: aggravated sexual abuse, murder, sexual exploitation of children, or sexual assault, or an employment and training sanction are not broad-based categorically eligible.

0220.0000 Temporary Cash Assistance

This chapter presents general program information about Temporary Cash Assistance.

0220.0001 Caseload Distribution (TCA)

Caseload assignments are frequently made according to the characteristics of a given assistance group and the type of assistance received. These breakdowns are called Temporary Cash Assistance cases, Family-Related Medicaid cases, or SSI-Related Medicaid cases. Each type may include food stamps.

A Temporary Cash Assistance case may contain one or more of the following types of assistance: Temporary Cash Assistance (TCA), Refugee Assistance Program (RAP), food stamps, Family-Related Medicaid, MEDS or Medically Needy.

An SSI-Related Medicaid case may contain one or more of the following types of assistance: Institutional Care Program (ICP), MEDS-AD, Protected Medicaid (PM), Medically Needy, Emergency Medicaid for Aliens (EMA), Hospice, Home and Community Based Services (HCBS), Refugee Assistance Program (RAP), Qualified Medicare Beneficiaries (QMB), Working Disabled (WD), Special Low Income Medicare Beneficiary (SLMB), Optional State Supplementation (OSS), Part B Medicare Only (PBMO), Home Care for Disabled Adults (HCDA), or food stamps. All programs are Medicaid Programs except OSS, HCDA and food stamps. The Department of Elder Affairs currently handles Home Care for the Elderly (HCE).

A mixed caseload contains one or more Temporary Cash Assistance or Family-Related Medicaid and SSI-Related types of assistance, with or without food stamps.

Child in Care cases are frequently specialized due to the special confidentiality requirements and unique policy. Therefore, they are not considered part of the Temporary Cash Assistance or Family-Related Medicaid caseload and the information about the case is limited to eligibility specialists with special confidential security profiles.

0220.0100 TEMPORARY CASH ASSISTANCE PROGRAM (TCA)

Temporary Cash Assistance (TCA) is designed to provide financial assistance to children who are deprived of the support or care of one or both parents, who are needy as defined by the Department of Children and Families, and who meet other eligibility criteria.

0220.0101 Legal Basis (TCA)

The legal basis for the Temporary Cash Assistance financial programs is Title IV-A and Title XIX of the Social Security Act, Public Law 104-193, Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), Chapter 414 of the Florida Statutes, court rulings, and Chapter 65A of the Florida Administrative Code.

0220.0102 Program Overview (TCA)

With the passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Congress enabled states to reform welfare programs that had been established by the Social Security Act in 1935. Congress expressed the intent of cash assistance as being, “For the purpose of providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives; to end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage; to prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidences of these pregnancies; and to encourage the formation and maintenance of two-parent families”.

With the passage of this Act, states were given the flexibility to develop and implement time limited cash assistance programs designed to meet these goals.

The Aid to Families with Dependent Children Program that was in existence in Florida since 1938 was reformed into the Work and Gain Economic Self-Sufficiency Program in 1996. Reforms included changes in eligibility criteria, benefit levels, income and asset standards, and the establishment of time limits on cash assistance. The Florida 2000 Legislature allowed the State to contract with providers for employment and training services through the Regional Workforce Boards.

0220.0103 Eligibility Criteria (TCA)

Generally, to be eligible for Temporary Cash Assistance, the child, parent, or relative must meet the criteria regarding age of dependent children, citizenship, income, welfare enumeration, assets, deprivation, living in the home, cooperation with the Department of Revenue in matters of child support, and participation in TCA employment and training activities.

0230.0000 Family-Related Medicaid

This chapter presents general program information about Family-Related Medicaid Programs.

0230.0001 Caseload Distribution (MFAM)

Caseload assignments are frequently made according to the characteristics of a given assistance group and the type of assistance received. These breakdowns are called Temporary Cash Assistance cases, Family-Related Medicaid cases or SSI-Related Medicaid cases. Each type may include food stamps.

A Temporary Cash Assistance case or Family-Related Medicaid case may contain one or more of the following types of assistance: Temporary Cash Assistance (TCA), Refugee Assistance Program (RAP), food stamps, Family-Related Medicaid or Medically Needy.

An SSI-Related Medicaid case may contain one or more of the following types of assistance: Institutional Care Program (ICP), MEDS-AD, Protected Medicaid (PM), Medically Needy, Emergency Medical Assistance for Noncitizens (EMA), Hospice, Home and Community Based Services (HCBS), Refugee Assistance Program (RAP), Qualified Medicare Beneficiaries (QMB), Working Disabled (WD), Special Low Income Medicare Beneficiary (SLMB), Optional State Supplementation (OSS), Part B Medicare Only (PBMO), Home Care for Disabled Adults (HCDA), or food stamps. All programs are Medicaid Programs except OSS, HCDA and food stamps. The Department of Elder Affairs currently handles Home Care for the Elderly (HCE).

A mixed caseload contains one or more Temporary Cash Assistance or Family-Related Medicaid and SSI-Related types of assistance, with or without food stamps.

Child in Care cases are frequently specialized due to the special confidentiality requirements and unique policy. Therefore, they are not considered part of the Temporary Cash Assistance or Family-Related Medicaid caseload and the information about the case is limited to eligibility specialists with special confidential security profiles.

0230.0100 FAMILY-RELATED MEDICAID PROGRAM (MFAM)

Family-Related Medicaid is a benefit for children, parents and other caretakers, pregnant women, and individuals under age 26 previously enrolled in Florida Medicaid when they aged out of foster care.

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

0230.0101 Legal Basis (MFAM)

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

0230.0102 Program Overview (MFAM)

Family-Related Medicaid contains the following coverage groups:

1. Parents and other caretaker relatives
2. Pregnant women
3. Infants and children under age 19
4. Children Ages 19-21

5. Family Planning – Medicaid for women ages 14 through 55
6. Emergency Medical Assistance for Noncitizens
7. Former Foster Care Children

0230.0103 Eligibility Criteria (MFAM)

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

0230.0104 Medically Needy (MFAM)

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

0230.0105 Emergency Medical Assistance for Noncitizens (MFAM)

This program provides emergency Medicaid coverage for noncitizens who would otherwise be eligible for Medicaid except for their noncitizen status. They must meet all technical requirements except for citizenship, child support enforcement cooperation, welfare enumeration and the requirement to file for Social Security benefits.

To be eligible for emergency Medicaid benefits, the noncitizen must meet the income requirements for whichever Medicaid coverage group the noncitizen is determined to be eligible.

Medicaid coverage is for the duration of the emergency medical situation only, as certified by a health professional. This includes emergency labor and delivery.

0230.0106 Family Planning Services (MMFP)

This coverage group provides family planning (MMFP) services for women ages 14 through 55, who have lost their Medicaid eligibility due to postpartum coverage ending, income changes, disability ended, due to a CSE sanction, or aging out of a previous Medicaid category (e.g., age out of MM C, MO Y).

The Family Planning services include:

1. Yearly family planning
2. Preconception counselling
3. Pregnancy Tests
4. Screening and treatment of sexually transmitted infections
5. Outpatient sterilization services
6. Family planning related lab work.

Eligibility is limited to two years after losing Medicaid coverage, subject to a 12-month coverage period. Individuals found eligible will not be required to report changes in income or household size for the 12-month period of eligibility. Individuals must reapply for coverage at the expiration of the first 12-month coverage period for an additional 12 months of coverage with a maximum of 24 months. The 24-month count begins the first month following the last month of full coverage Medicaid. MMFP eligibility begins at ex parte or in the month of application. If the woman regains full coverage Medicaid and then loses it again, the 24-month period "resets".

0240.0000 SSI-Related Medicaid, State Funded Programs

This chapter presents general program information about SSI-Related Programs and State Funded SSI-Related Programs, including HCDA and OSS.

0240.0001 Caseload Distribution (MSSI, SFP)

Caseload assignments are frequently made according to the characteristics of a given assistance group and the type of assistance received. These breakdowns are called Temporary Cash Assistance cases, Family-Related Medicaid cases or SSI-Related Medicaid cases. Each type may include food stamps.

A Temporary Cash Assistance case or Family-Related Medicaid case may contain one or more of the following types of assistance: Temporary Cash Assistance (TCA), Refugee Assistance Program (RAP), food stamps, Family-Related Medicaid, MEDS or Medically Needy.

An SSI-Related Medicaid case may contain one or more of the following types of assistance: Institutional Care Program (ICP), MEDS-AD, Protected Medicaid (PM), Medically Needy, Emergency Medicaid for Aliens (EMA), Hospice, Home and Community Based Services (HCBS), Modified Project Aids Care (MPAC), Refugee Assistance Program (RAP), Qualified Medicare Beneficiaries (QMB), Working Disabled (WD), Special Low Income Medicare Beneficiary (SLMB), Optional State Supplementation (OSS), Qualifying Individual 1 (QI-1), Home Care for Disabled Adults (HCDA), or food stamps. All programs are Medicaid Programs except OSS, HCDA and food stamps. The Department of Elder Affairs currently handles Home Care for the Elderly (HCE).

A mixed caseload contains one or more Temporary Cash Assistance or Family-Related Medicaid and SSI-Related types of assistance, with or without food stamps.
Child in Care cases are frequently specialized due to the special confidentiality requirements and unique policy. Therefore, they are not considered part of the Temporary Cash Assistance or Family-Related Medicaid caseload and the information about the case is limited to eligibility specialists with special confidential security profiles. SSI Related cases may include a Child in Care individual.

0240.0100 SSI-RELATED and STATE FUNDED PROGRAMS (MSSI, SFP)

SSI-Related Programs are state administered programs whose policies are based on Title XVI of the Social Security Act, the same law which governs Supplemental Security Income (SSI). The Social Security Administration (SSA) is responsible for determining eligibility for SSI, which is a financial assistance program for the aged, blind, or disabled.

The purpose of all SSI-Related Programs is to provide medical and/or financial assistance to needy individuals who are aged, blind, or disabled in the community or with special living arrangements. Although specific requirements may vary from program to program, the general program (technical) requirements are the same since all are based on SSI policy.

This section presents the legal basis, program overview and general eligibility criteria.

0240.0101 Legal Basis (MSSI, SFP)

The legal basis for SSI-Related Programs includes Title XVI (SSI) and Title XIX (Medicaid) of the Social Security Act, Chapter 409 of the Florida Statutes, and Chapters 65A-1, 65A-2 and 65A-4 of the Florida Administrative Code.

0240.0102 Program Overview (MSSI, SFP)

SSI-Related Medicaid provides medical assistance as defined by policy (see below) to certain groups of individuals. Although Medicaid is run by the state, the state is given federal matching funds for the program and must follow certain federal requirements in order to receive these funds.

SSI-Related Medicaid Programs include:

1. SSI Eligible Individuals (SSI-DA),
2. Institutional Care Program (ICP),
3. Eligible Individuals under SOBRA - Aged or Disabled (MEDS-AD),
4. Protected Medicaid (PM),
5. Medically Needy (MN),
6. Emergency Medicaid for Noncitizens (EMN),
7. Hospice,
8. Home and Community Based Services (HCBS),
9. Modified Project Aids Care (MPAC),
10. SSI-Related Programs for Refugees (RAP),
11. Qualified Medicare Beneficiaries (QMB),
12. Working Disabled (WD),
13. Special Low Income Medicare Beneficiary (SLMB),
14. Qualifying Individuals I (QI1), and
15. Program of All Inclusive Care for the Elderly (PACE)

It should be noted that all SSI recipients are also entitled to Florida Medicaid but their eligibility is based on the determination for SSI, which is made by the Social Security Administration.

The eligibility specialist must not confuse Medicaid with Medicare. Medicaid is medical assistance based on need and the benefits may vary widely from state to state. Medicare is medical insurance which is not based on need, but on entitlement, as determined by SSA. Because Medicare is a federal program, the benefits do not vary from state to state.

Other SSI-Related Programs are considered state funded programs because the state receives no federal funds to help pay for them and all funding is from general revenue. However, the basic eligibility requirements for these programs are still based on SSI policy. These programs include Optional State Supplementation and Home Care for the Disabled.

0240.0103 Eligibility Criteria (MSSI, SFP)

The specific criteria for each SSI-Related Program will be listed under the program name below. To be eligible for any SSI-Related Program, an individual must meet general (technical) criteria, income, and asset requirements which vary by program, and any special criteria for a particular program.

For all SSI-Related Programs, the individual must meet the following technical eligibility criteria:

1. aged (65 or older), blind (does not apply to MEDS), or disabled;
2. U.S. resident;
3. Florida resident;
4. U.S. citizen or qualified noncitizen (except for EMA);
5. provide, or file for, an SSN (except for EMA);
6. file for all other benefits to which he may be entitled (except for EMA); and
7. assign rights to state to collect private health insurance (for MA-SSI only).

0240.0104 Medically Needy (MSSI)

The Medically Needy Program coverage is for individuals who meet the technical requirements for the above coverage groups but whose income exceeds the income limit. If the household's income is greater than the income limit, the exceeding amount is determined as the share of cost. The individual is enrolled but is not eligible until the share of cost is met. Medically Needy provides month to month coverage when individuals have incurred medical bills that meet their share of cost.

To be eligible, an individual must meet all technical criteria as well as the following:

1. Income Limit: $180 (Individual), $241 (Couple).
2. Asset Limit: $5000 (Individual), $6000 (Couple).

There is no income limit for this program. However, an individual or couple must have incurred medical bills (either paid or unpaid) equal to the amount of monthly income that exceeds the Medically Needy Income Limit (MNIL). This is referred to as meeting the share of cost.

0240.0105 Emergency Medicaid for Noncitizens (MSSI)

This program provides emergency Medicaid coverage for noncitizens who would otherwise be eligible for Medicaid (either MEDS or Medically Needy) except for their noncitizen status. The noncitizen must meet all technical requirements except for citizenship status, CSE cooperation, possession of an SSN and the requirement to file for Social Security benefits.

To be eligible for emergency Medicaid benefits, the noncitizen must meet the income and asset requirements for whichever Medicaid coverage group the noncitizen is determined to be eligible.

Special Criteria: Medicaid coverage is for an emergency medical condition only, for the duration of the emergency as certified by a health professional. This includes emergency labor and delivery.

0240.0106 Supplemental Security Income (MSSI)

Individuals who receive an SSI check from the Social Security Administration are automatically entitled to Florida Medicaid except for institutional care benefits. Eligibility for SSI is determined by the Social Security Administration. The following standards are given for informational purposes only and are included in Appendix A-9:

1. Income Limit: Federal Benefit Rate.
2. Asset Limit: $2000 (Individual), $3000 (Couple).

Special Criteria: SSI recipients who apply for Medicaid institutional care services must meet all of the following additional Title XIX criteria:

1. appropriate placement,
2. level of care,
3. requirement to file for other benefits, and
4. transfer of assets and spousal impoverishment (if applicable).

0240.0107 Institutional Care Program (MSSI)

This program provides Medicaid benefits, which includes payment to nursing homes and certain other facilities, for aged and disabled individuals who are in need of institutional care. Once eligible, all of an individual's monthly income, except for an allowance for personal needs, a maintenance need allowance for a spouse (or a spouse and family members or dependents with no spouse) living in the community, and a deduction for unreimbursed medical expenses must be paid to the facility for patient responsibility. An individual must meet all of the technical requirements as well as the following:

1. Income Limit: 300% of the SSI Federal Benefit Rate

   Note: Applicants or recipients whose income exceeds 300% of the SSI FBR may establish an income trust in order to qualify for Medicaid.
2. Asset Limit:

   a. Individual: $2000 (special asset rules apply when there is a spouse living in the community)
   b. Couple: $3000 (transfer of asset provision applies)

3. Special Criteria: Level of Care: Must be in need of institutional care as determined by CARES.

4. Placement: Must be appropriately placed in a Medicaid facility able to provide the level of care needed.

0240.0108 MEDS-Aged/Disabled (MSSI)

MEDS-AD provides Medicaid benefits (and institutional benefits, if needed) for eligible individuals who meet all technical requirements as well as the following:

1. Income Limit: 88% of Federal Poverty Level.
2. Asset Limit: $5000 (Individual), $6,000 (Couple).

Note: If the individual enters an institution, the transfer of assets provision applies.

0240.0109 Protected Medicaid (MSSI)

This program ensures (or protects) ongoing Medicaid coverage for certain groups of former SSI recipients who would be eligible for SSI except for certain changes in their Social Security benefits.

There are five Protected Medicaid coverage groups:

1. Regular COLA,
2. Disabled Widow(er)s I,
3. Disabled Widow(er)s II,
4. Disabled Widow(er)s III,
5. Disabled Adult Children, and
6. SSI Children (See Chapter 2000).

0240.0110 Hospice (MSSI)

The Hospice Program provides special services for the care of an individual who has a medical prognosis of terminally ill. An individual is considered to be terminally ill if they have a medical prognosis of life expectancy of six months or less, if the illness runs its normal course. If the individual is not already Medicaid eligible, he must meet all technical criteria and have income and assets within the limits for ICP, MEDS-AD or MN. In addition, all persons must meet certain special criteria.

The special criteria include a prognosis of terminal illness, certified by a medical statement, and an election statement from the individual stating that he chooses the Hospice Program to the exclusion of other Medicaid services unrelated to the terminal illness. The certification of the individual's terminal illness shall be based on the physician's or medical director's judgment regarding the normal course of the individual's illness.

Once an individual elects hospice, the individual waives the rights to Medicaid payment for the duration of the election for any services provided for the terminal illness for which the hospice was elected. However, the individual may continue to receive services for conditions totally unrelated to the terminal illness and to the related conditions for which hospice was elected.

0240.0111 Home and Community Based Services (MSSI)

The purpose of the Home and Community Based Services (HCBS) Programs is to prevent institutionalization of individuals by providing for care in the community. These programs are considered Medicaid waiver programs because they waive certain Medicaid eligibility criteria and allow individuals to be eligible who would not otherwise be eligible, and they allow additional services that are not usually available under Medicaid.

Following are HCBS waivers for which you must determine eligibility:

1. Familia Dysautonomia (FD),
2. iBudget Florida Developmental Disabilities (DD),
3. Model Waiver, and
4. Statewide Medicaid Managed Care Long-Term Care (SMMC-LTC).

The individual must meet all technical criteria, have income and assets within the limits for ICP or MEDS-AD, meet the level of care for the particular program involved and be enrolled in the waiver as documented by form CF-ES 2515. (Individuals cannot qualify for HCBS under the Medically Needy Program).

Note: With the exception of the iBudget Florida and SMMC-LTC, spousal impoverishment policies do not apply to HCBS Programs. However, the transfer of assets policy does apply to all HCBS Programs.

0240.0112 SSI-Related Programs for Refugees (MSSI)

Refugees who meet eligibility factors for RAP and for SSI-Related Medicaid may qualify for one of the following categories of assistance:

1. Protected Medicaid,
2. ICP,
3. Hospice,
4. MEDS, or
5. Medically Needy.

0240.0113 Qualified Medicare Beneficiaries (MSSI)

This program entitles certain eligible individuals to receive Medicare cost savings benefits: payments of premiums, deductibles, and co-insurance. To be eligible for QMB an individual must meet all the following criteria:

1. Be enrolled or conditionally enrolled in Medicare Part A.
2. Meet all technical criteria, except being aged (65 or older requirement) or disabled.

   Example: End stage renal disease patients are an example of individuals who may receive Medicare Part A but may not be aged or disabled.

3. Income Limit: 100% of Federal Poverty Level.
4. Asset Limit: Three times the SSI resource limit with annual increases based on the yearly Consumer Price Index. Refer to Appendix A-9.

0240.0114 Working Disabled (MSSI)

Most individuals with disabilities who work will continue to receive at least 93 consecutive months of hospital (Part A) and medical (Part B) insurance under Medicare. They pay no premium for Part A. After premium-free Medicare Part A coverage ends, they can continue receiving Medicare Part A, but must pay a premium, as long as they remain medically disabled and continue to work.

This program provides payment of the Medicare Part A premium for individuals who apply and meet the following criteria:

1. Are enrolled in Medicare Part A under this special extended coverage (as confirmed by SSA).
2. Are under age 65.
3. Meet all other technical criteria.
4. Income: 200% of Federal Poverty Level.
5. Assets: $5000 (Individual), $6000 (Couple).

Note: These individuals cannot receive any Medicaid service other than payment of the Medicare Part A premium.

0240.0115 Special Low Income Medicare Beneficiary (MSSI)

This program entitles eligible individuals who have to have Medicaid pay their Part B Medicare premium.

To be eligible for SLMB, an individual must:

1. Be enrolled in Medicare Part A.
2. Meet all technical criteria, except being aged (65 or older requirement) or disabled.
3. Income Limit: 120% of Federal Poverty Level.
4. Asset Limit: Three times the SSI resource limit with annual increases based on the yearly Consumer Price Index. Refer to Appendix A-9.

0240.0116 Qualifying Individuals 1 (MSSI)

This program allows eligible individuals to have Medicaid pay the Medicare Part B premiums. This is a program with limited funding. It is available on a first-come, first-serve basis.

To be eligible for QI1, an individual must:

1. Be enrolled in Medicare Part A.
2. Meet all technical criteria, except being aged (65 or older requirement) or disabled.
3. Income Limit: 135% of Federal Poverty Level.
4. Asset Limit: Three times the SSI resource limit with annual increases based on the yearly Consumer Price Index. Refer to Appendix A-9.

0240.0117 Program for All Inclusive Care for the Elderly (MSSI)

Program of All-Inclusive Care for the Elderly (PACE) is an optional Medicaid benefit available only in participating areas. PACE is designed to serve the frail elderly in the home and community. This program offers comprehensive services that include acute and long-term care. For most participants, the comprehensive service package permits them to continue living at home while receiving services rather than being institutionalized.

To be eligible for PACE:

1. the individual must be at least 55 years of age and meet all other technical criteria,
2. income must not exceed 300% of the SSI Federal Benefit Rate, and

3. countable assets must not exceed the limit of $2000 (Individual), $3000 (Couple).

0240.0118 Optional State Supplementation (SFP)

Optional State Supplementation (OSS) is a cash assistance program. The purpose of the program is to supplement an individual's income to help pay for community alternative living arrangements and to prevent institutionalization. Alternate living arrangements are assisted living facilities (ALFs), adult family care homes (AFCHs), or mental health residential treatment facilities (MHRTFs). Payment is made directly to the individual who is responsible for paying the provider. An eligible individual must meet all the following criteria:

1. be age 65 or older, or age 18 or older and blind or disabled as defined by Title XVI of the Social Security Act;
2. be living in the State of Florida with the intent to remain;
3. be a United States citizen or a qualified noncitizen;
4. have income within standards established by the Department (refer to Appendix A-11);
5. have assets within Social Security's SSI standards (refer to Appendix A-11);
6. apply and pursue all other monetary benefits for which they may be entitled or otherwise potentially eligible;
7. be living in a licensed assisted living facility, licensed adult family care home, or licensed mental health residential treatment facility that meets the individual's needs based on an objective medical and social evaluation and care plan; and
8. be certified by an Adult Services Counselor, Mental Health Counselor, Developmental Services Counselor of their contract providers as being in need of this type of care.

0240.0119 Home Care for the Disabled Adult (SFP)

The purpose of the Home Care for the Disabled Adult (HCDA) Program is to encourage the provision of care for the disabled in family-type living arrangements in private homes as an alternative to institutional or nursing home care. The program provides a monthly support and maintenance payment to persons providing home care for the eligible disabled adult.

An additional subsidy is also provided for medical, pharmaceutical, and dental services that are not provided by third party coverage. Although the eligibility specialist determines eligibility, the Adult Services Counselor will actually authorize the payment. To be eligible, an individual must meet all technical criteria as well as the following:

1. Income limit: 300% of SSI Federal Benefit Rate.
2. Asset limit: $2000 (Individual), $3000 (Couple) - living together, both eligible for HCDA.

Special Criteria: Age 60 and older or disabled; must meet appropriate placement criteria as determined by physician and Adult Services staff. (See Chapter 1400 for disability determinations or regarding placement criteria.)

0240.0120 MODIFIED PROJECT AIDS CARE (MPAC) (MSSI, SFP)

This is limited coverage for individuals who do not meet the criteria for enrollment in the Statewide Medicaid Managed Care Long Term Care Program. An individual who is diagnosed with the Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Deficiency Syndrome (AIDS) and meets the presumptive disability criteria as evidenced by AHCA Form 5000-0607, Acquired Immune Deficiency Syndrome (AIDS), Physician Referral for Individuals at Risk of Hospitalization. All other eligibility criteria must be met to qualify and the individual must not be eligible for another full Medicaid coverage group.

0250.0000 Child In Care

This chapter presents general program information about the Child in Care Program.

0250.0001 Caseload Distribution (CIC)

Caseload assignments are frequently made according to the characteristics of a given assistance group and the type of assistance received. These breakdowns are called Temporary Cash Assistance cases, Family-Related Medicaid cases or SSI-Related Medicaid cases. Each type may include food stamps.

A Temporary Cash Assistance case or Family-Related Medicaid case may contain one or more of the following types of assistance: Temporary Cash Assistance (TCA), Refugee Assistance Program (RAP), food stamps, Family-Related Medicaid, MEDS or Medically Needy.

An SSI-Related Medicaid case may contain one or more of the following types of assistance: Institutional Care Program (ICP), MEDS-AD, Protected Medicaid (PM), Medically Needy, Emergency Medicaid for Aliens (EMA), Hospice, Home and Community Based Services (HCBS), Refugee Assistance Program (RAP), Qualified Medicare Beneficiaries (QMB), Working Disabled (WD), Special Low Income Medicare Beneficiary (SLMB), Optional State Supplementation (OSS), Part B Medicare Only (PBMO), Home Care for Disabled Adults (HCDA), or food stamps. All programs are Medicaid Programs except OSS, HCDA and food stamps. The Department of Elder Affairs currently handles Home Care for the Elderly (HCE).

A mixed caseload contains one or more Temporary Cash Assistance or Family-Related Medicaid and SSI-Related types of assistance, with or without food stamps.

Child in Care (CIC) cases are frequently specialized due to the special confidentiality requirements and unique policy. Therefore, they are not considered part of the Temporary Cash Assistance or Family-Related Medicaid caseload and the information about the case is limited to eligibility specialists with special confidential security profiles.

0250.0100 CHILD IN CARE PROGRAM (CIC)

The FSP, DJJ or private agency counselor will be the Primary Information Person (PIP) and will make all contacts with the family and/or the child. The eligibility specialist will determine Medicaid eligibility for all of these groups.

The Child in Care Program includes children who are under the temporary or permanent custody of the Family Safety Program, as well as children who qualify for adoption subsidies. Whether the child falls under emergency shelter care, Title IV-E and non-Title IV-E, independent living, delinquency, or adoptions subsidy, the child is eligible for Medicaid.

0250.0101 Legal Basis (CIC)

Public Law 96-272, the Adoption Assistance and Child Welfare Act, established a new Part E under Title IV of the Social Security Act. Part E provides federal matching funds for foster care and adoption assistance payments under certain circumstances.

0250.0102 Program Overview (CIC)

Categories of Child in Care include:

1. Foster care funded under Title IV-E,
2. Non-Title IV-E foster care,
3. Emergency Shelter,
4. Adoption Subsidy Funded Under Title IV-E,
5. Non-Title IV-E Adoption Subsidy,
6. Independent Living Status, and
7. Delinquency Status.

The purpose of Child in Care is to establish Medicaid eligibility for the categories of children listed above. Maintenance subsidies are paid to parents of some adopted children with special needs.

0250.0103 Eligibility Criteria (CIC)

Child in Care, including Title IV-E Program requirements, are similar in many respects to those of the AFDC Program that was in effect August 16, 1996. However, there are certain important differences in these two programs. These include differences in benefits, eligibility criteria, forms and procedures. For specific criteria, see Chapter 1400.

In order for the state to receive Title IV-E funding, the child receiving foster care under Title IV-E must:

1. Meet certain technical and financial requirements,
2. Have received Temporary Cash Assistance in the month of removal from the home or voluntary placement, or
3. Have qualified for AFDC if an application for the program had been made for the month of removal from the home or voluntary placement, or in any of the six months prior to this date if the child was not living with a specified relative in the month of removal.

0260.0000 Refugee Assistance

This chapter presents general program information about the Refugee Assistance Program.

0260.0001 Caseload Distribution (RAP)

Caseload assignments are frequently made according to the characteristics of a given assistance group and the type of assistance received. These breakdowns are called Temporary Cash Assistance cases, Family-Related Medicaid cases or SSI-Related Medicaid cases. Each type may include food stamps.

A Temporary Cash Assistance case or Family-Related Medicaid case may contain one or more of the following types of assistance: Temporary Cash Assistance (TCA), Refugee Assistance Program (RAP), food stamps, Family-Related Medicaid, MEDS or Medically Needy.

An SSI-Related Medicaid case may contain one or more of the following types of assistance: Institutional Care Program (ICP), MEDS-AD, Protected Medicaid (PM), Medically Needy, Emergency Medicaid for Aliens (EMA), Hospice, Home and Community Based Services (HCBS), Refugee Assistance Program (RAP), Qualified Medicare Beneficiaries (QMB), Working Disabled (WD), Special Low Income Medicare Beneficiary (SLMB), Optional State Supplementation (OSS), Part B Medicare Only (PBMO), Home Care for Disabled Adults (HCDA), or food stamps. All programs are Medicaid Programs except OSS, HCDA and food stamps. The Department of Elder Affairs currently handles Home Care for the Elderly (HCE).

A mixed caseload contains one or more Temporary Cash Assistance or Family-Related Medicaid and SSI-Related types of assistance, with or without food stamps.

Child in Care (CIC) cases are frequently specialized due to the special confidentiality requirements and unique policy. Therefore, they are not considered part of the Temporary Cash Assistance or Family-Related Medicaid caseload and the information about the case is limited to eligibility specialists with special confidential security profiles.

0260.0100 REFUGEE ASSISTANCE PROGRAM (RAP)

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

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

0260.0101 Legal Basis (RAP)

The legal basis for RAP is the Immigration and Naturalization Act (INA); The Refugee Act of 1980, The Trafficking Victims Protection Act and The William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008. The rules that govern the administration of Refugee cash and medical assistance programs can be found in 45 CFR 400 and 45 CFR 401.

0260.0102 Program Overview (RAP)

The Refugee Act of 1980 and standardized resettlement services for refugees admitted to the United States, provided for regular and emergency admission of refugees and authorized federal assistance for refugee resettlement. RAP reimburses states for 100 percent of services provided to refugees and other eligible populations.

0260.0103 Eligibility Criteria (RAP)

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