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Ongoing Case Processing

0810.0000 Food Stamps

This chapter presents ongoing case processing policy.

0810.0100 ELIGIBILITY REVIEWS (FS)

An eligibility review reestablishes eligibility on all factors, resolves discrepancies and ensures correct benefits. An acceptable application must have the name, address and signature of the individual or authorized representative and may be submitted in person, by mail or facsimile or on the web.

Do not continue food stamps beyond the end of the eligibility period without reestablishing eligibility. FLORIDA generates a notice of expiration of certification period (NECP) prior to the last month of the eligibility period to remind the SFU to reapply.

Timely Reviews: An application received on or before the 15th day of the last month of the eligibility period is a timely review. Process the application by the end of the current eligibility period if the household completes the interview and provides all verifications within the last month of the eligibility period. If the AG is eligible, benefits begin the first day of the month following the end of the current eligibility period.

Untimely Reviews: An application received on the 16th day of the last month of the eligibility period and through the end of the eligibility period is an untimely review.

Reapplication: An Untimely Review in which the household submits the request within 30 days after the end of the eligibility period. Process the application using the application process but apply interview and verification procedures of the review. For example, if the review is passive, do not require an interview.

Screen for and if eligible provide expedited services for untimely reviews for households that apply after the end of the eligibility period. Households that apply for review anytime during the eligibility period are not eligible for expedited services even if staff process the review after the end of the eligibility period.

Households that apply within the 30 days after the end of the eligibility period are untimely reviews that have the time standard of an initial application but should have either the passive or abbreviated interview process of the current review.

Offer the SFU assistance to resolve any discrepancy.

If the Department causes a delay or terminates a case in error, reinstate and/or restore food stamps for the appropriate months as soon as the delay or error becomes known.

If the household submits a timely application during the last month of the eligibility period, but fails to provide all verifications during the month the review is due, allow the eligibility period to expire and deny the application.

1. If the household provides the verifications after the 30th day but within 30 days after the last month of the eligibility period, process the review by the 30th day after the last month of the eligibility period. Do not require a new application.
2. Prorate benefits from the date the household provides the last verification.

When the household submits an untimely application on the 16th of the last month of the eligibility period through the end of the eligibility period and the household completes the interview and provides all verifications by the 30th day after the date of the application, process the application by the 30th day and do not prorate the benefits.

If the household who submits an untimely application on the 16th of the last month of the eligibility period through the end of the eligibility period fails to provide the verification by the 30th day after the date of application, deny the application for review.

1. If the household provides the last verification after the 30th day but within 30 days after the last month of the eligibility period, process the review by the 30th day after the last month of the eligibility period. Do not require a new application.
2. Prorate benefits from the date the household provides the last verification.

0810.0101 Face-To-Face Interview (FS)

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

Schedule an appointment for a face-to-face interview with a responsible SFU member or authorized representative. If either of these individuals is unable to come to the office due to mental or physical disability, advanced age, hospitalization, illness, transportation or other hardship:

1. Waive the face-to-face interview in favor of a telephone interview on a case by case basis and record the reason in the case record; or
2. Conduct the interview at an alternate location, such as the individual's home. Schedule home visits in advance.

Schedule the interview to give sufficient time to determine eligibility and provide benefits within the time standards.

0810.0102 Who May Be Interviewed (FS)

Conduct interviews with a responsible adult or minor member of the SFU (except for a sponsor) or an authorized representative. The individual interviewed must be able to represent the SFU by providing sufficient and accurate information. A recipient must authorize a representative in writing.

If the SFU member or an authorized representative is not responsible, that member may not represent the SFU and may not authorize a representative. Record the information to support this decision.

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

Exceptions:

Do not interview or allow the following to act as an authorized representative:

1. Eligibility staff, unless no other individual is available to act on behalf of the applicant/recipient. The ACCESS Region or Circuit Program Office must provide written approval of each designation.
2. Food stamp retailers authorized to accept food stamps.

3. Individuals disqualified for fraud during the period of disqualification, unless the disqualified individual is the only adult member of the SFU able to act on the SFU's behalf.
4. Homeless meal providers for homeless individuals.
5. Authorized representatives who have knowingly provided false information or improperly used food stamps. These individuals may be disqualified from being a representative for a period of up to one year. Disqualification of representatives does not apply in the case of drug and alcoholic treatment centers and those group facilities that act as authorized representatives for their residents. In these instances, the facility is liable for any over-issuance that may occur.

0810.0200 SIMPLIFIED REPORTING (FS)

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

Simplified reporting SFUs, that contain a member disqualified for IPV, fleeing felon, felony drug trafficking, certain felons (aggravated sexual abuse, murder, sexual exploitation and other related abuse of children, or offense involving sexual assault) who are not in compliance with their sentence terms, or employment and training sanction, are not broad-based categorically eligible. Simplified Reporting households must report when income exceeds 130% of the monthly income limit for the AG size or when an able-bodied adult subject to time limits has a change in work hours below twenty hours per week. The SFU must report the change by the 10th day of the month following the month of change.

Process beneficial changes, sanction actions and data exchange responses that are considered verified upon receipt: Social Security (Bendex), State Data Exchange (SDX), Unemployment Compensation Benefit (DEUC), Vital Statistics Death Match (DEDT), Florida Department of Corrections (DOC), and Numident (DENU).

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

Review responses from other data exchanges as part of the next review. Food stamp AGs that also receive TCA and/or Medicaid must report changes according to TCA and/or Medicaid Program requirements. Act on changes reported for TCA and/or Medicaid and make the change to affect all three programs. For beneficial changes, if the household fails to verify the information, leave the food stamp benefits the same. Do not act on reported adverse changes in food stamp only cases. In combination cases with food stamps, TCA, and/or Medicaid, process adverse changes based on the information provided by the household.

0810.0400 CERTIFICATION PERIODS (FS)

Assign the following certification periods:

1. A six-month certification period for simplified reporting SFUs that contain members who are not elderly or disabled.
2. A 24-month certification period with an interim contact due by the end of 12 months for simplified reporting SFUs that contain only elderly or disabled members with no earned income. The longest certification period FLORIDA allows is 12 months. Assign the first 12-month period and another 12 months after the interim contact for a total of 24 months.
3. A four-month certification period for simplified reporting SFUs where all members are Able-bodied adults without dependents (ABAWDs) or potential ABAWDs.

Regardless of the date of application or the amount of the prorated food stamps, count the first month of eligibility as the first month of the certification period.

If the SFU's criteria changes during the certification period do not:

1. shorten the current certification period if fewer than six months remain. The conversion to a six-month certification becomes effective the first month after the participant receives an adverse action notice.
2. extend the current certification period longer than six or 24 months established from the most recent certification or recertification.

0810.0401 Ending Certification Periods (FS)

Simplified Reporting:

After allowing for 10-day adverse action notice, end the certification period when information received results in household ineligibility because of information received for TCA and/or Medicaid or income that exceeds the gross income limit for the AG size.

If the SFU reports a beneficial change that requires verification or contains questionable information, send a request for verification to the SFU. Allow 10 days for the SFU to provide information or to contact the Department. If the SFU fails to provide the verification or contact the Department as requested, leave the food stamps unchanged.

Expedited Services:

An AG may not receive any benefits beyond the first two months of eligibility until they provide the postponed verification(s) or are certified under non-expedited criteria. End the certification if the SFU does not provide postponed verification. Adverse action notice is waived as it was provided at time of initial approval.

0810.0500 CHANGES (FS)

A change may affect eligibility or level of benefits.

0810.0501 Decreases in Benefits (FS)

When an adverse change is reported that contains sufficient information for households that also receive TCA and/or Medicaid, act on the change to affect all three programs. Obtain verification at the next eligibility review.

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

0810.0502 Certification without Verification of Deductible Expenses (FS)

Inform the SFU that eligibility and the amount of food stamps may be determined without verifying deductible expenses. If the SFU provides the missing verification after authorization, provide any increased amount within time standards.

Do not deny or terminate a household solely for failure to provide verification of a deductible expense.

0810.0503 Beneficial Changes (FS)

There are two types of beneficial changes:

1. Substantial changes are those that result in an increase in benefits due to the addition of a household member, an income source change and/or decrease of $50 or more in monthly gross income.
2. Non-substantial changes are all other beneficial changes.

0810.0504 Effective Date of Beneficial Change (FS)

When a recipient provides verification with a reported beneficial change or within 10 days of the beneficial change, make the increased allotment available:

1. No later than the month following the date the SFU reports a substantial change. Authorize a supplement as appropriate.
2. No later than the first allotment posted 10 days after the SFU reports a non-substantial change.

Request verification if it is not provided with the reported beneficial change. If a simplified reporting SFU does not provide verification, leave benefits unchanged and document the case. Process the change if simplified reporting SFUs provide verification later.

0810.0508 AGs That Split Up During Certification (FS)

Individuals who leave an AG are not eligible for additional benefits for the month of separation.

Individuals who leave the original AG will not be eligible as a separate AG in any month following the departure month, unless they have been removed, and the original AG receives a notice of adverse action. If action to remove the individual is not processed timely, issue benefits to the new AG and refer the original AG for overpayment.

Exception: Battered spouse AGs temporarily residing in a shelter for battered persons may receive benefits beginning the month they enter the shelter, even though they were included in the allotment of the former AG containing the individual who subjected them to abuse. Certify the AG based on its current circumstances in the shelter.

0810.0700 MASS CHANGE (FS)

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

1. annual adjustments to the net income eligibility standards and the shelter/dependent care adjustment;
2. annual adjustments to the Thrifty Food Plan (maximum benefit allotment) and standard adjustment;
3. annual and seasonal adjustments to the state's utility standard;
4. periodic cost of living adjustments to Social Security, SSI, and other federal benefits;
5. adjustments to the TCA payment standard; and
6. other changes in the eligibility criteria based on legislative or regulatory actions.

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

0810.0800 NON-DUPLICATION OF ASSISTANCE (FS)

Recipients may not receive benefits from more than one state or be included in more than one AG in any month.

Exception: Battered spouse AGs temporarily residing in a shelter for battered persons may receive benefits beginning the month they enter the shelter even though they were included in the allotment of the former AG containing the individual who subjected them to abuse.

0820.0000 Temporary Cash Assistance

This chapter presents ongoing case processing policy.

0820.0100 ELIGIBILITY REVIEWS (TCA)

An eligibility review reestablishes eligibility on all factors, resolves discrepancies and ensures correct benefits. Each eligibility review requires a new application. An acceptable application must have the name, address and signature of the individual or authorized representative and may be submitted in person, by mail, fax, or on the web.

Assign a six-month eligibility period from the month of disposition of the application or review. In order to align a household's eligibility period with its food stamp simplified reporting eligibility period, an eligibility period of less than, or greater than, six months may be assigned.

Assign a 12-month eligibility period for child only AGs at application or review.

Note: The eligibility staff must shorten the certification period accordingly, if the case is no longer a child-only TCA AG.

Do not continue TCA beyond the end of the eligibility period without reestablishing eligibility. FLORIDA generates a Notice of Expiration of Certification Period (NECP) prior to the last month of the eligibility period to remind the SFU to reapply.

Timely Reviews: An application received on or before the 15th day of the last month of the eligibility period is a timely review. Process the application by the end of the current eligibility period if the household completes the interview and provides all verifications within the last month of the eligibility period. If the AG is eligible, benefits begin the first day of the month following the end of the current eligibility period.

Untimely Reviews: An application received on the 16th day of the last month of the eligibility period and through the end of the eligibility period is an untimely review.

Reapplication: An Untimely Review in which the household submits the request within 30 days after the end of the eligibility period. Process the application using the application process but apply interview and verification procedures of the review. For example, if the review is passive, do not require an interview.

If the Department causes a delay or terminates a case in error, reinstate and/or restore TCA for the appropriate months as soon as the delay or error is found.

If the household submits a timely application during the last month of the eligibility period, but fails to provide all verifications during the month the review is due, allow the eligibility period to expire and deny the application:

1. If the household provides the last verification after the 30th day but within 30 days after the last month of the eligibility period, process the review by the 30th day after the last month of the eligibility period. Do not require a new application.
2. Prorate benefits based on TCA date of application disposition policy (date of disposition or 30 days from the date the household provides the last verification, whichever is sooner).

When the household submits an untimely application on the 16th of the last month of the eligibility period through the end of the eligibility period and the household completes the interview and

provides all verifications by the 30th day after the date of the application, process the application by the 30th day and do not prorate the benefits.

If the household who submits an untimely application on the 16th of the last month of the eligibility period through the end of the eligibility period fails to provide the verification by the 30th day after the date of application, deny the application for review.

1. If the household provides the last verification after the 30th day but within 30 days after the last month of the eligibility period, process the review by the 30th day after the last month of the eligibility period. Do not require a new application.
2. Prorate benefits based on TCA date of application disposition policy (date of disposition or 30 days from date the household provides the last verification, whichever is sooner).

0820.0101 Face-To-Face Interview (TCA)

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

Schedule an appointment for a face-to-face interview with a responsible household member or authorized representative. If either of these individuals is unable to come to the office due to mental or physical disability, advanced age, hospitalization, illness, transportation or other hardship:

1. Waive the face-to-face interview in favor of a telephone interview on a case by case basis and record the reason in the case record; or
2. Conduct the interview at an alternate location, such as the individual's home. Home visits are face-to-face interviews; schedule them in advance.

Schedule the interview to give sufficient time to determine eligibility and provide benefits within the time standards.

0820.0102 Who May Be Interviewed (TCA)

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

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

An applicant must authorize a representative in writing to act on behalf of the household. When the applicant is incompetent or incapacitated, an authorized representative may be self-designated.

If the household member or an authorized representative is not responsible, that member may not represent the SFU and may not authorize a representative. Record the information that supports this decision.

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

Exceptions:

Do not interview or allow the following to act as an authorized representative:

1. Eligibility staff, unless no other individual is available to act on behalf of the applicant/recipient. The ACCESS Region or Circuit Program Office must provide written approval of each designation.
2. Individuals disqualified for fraud during the period of disqualification, unless the disqualified individual is the only adult member of the SFU able to act on the SFU's behalf.

0820.0500 CHANGES (TCA)

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

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

1. An individual anticipates receipt of or a change in income, or a return to work.
2. A management review is required.
3. A check on approval of Social Security, Unemployment Compensation, or other benefits for which the individual applied is required.
4. The birth of a child will occur.
5. To obtain the Social Security number in the second month following the month any member of an AG applies for a Social Security number. If the Social Security number has not been received, reschedule the partial for the following month and each subsequent month until the number is obtained.
6. To determine the outcome of the petition to the court in the third month following the month the Department becomes aware of a trust that could have an effect on the AG's eligibility. If there is delay in a court decision, schedule a partial every 2 months thereafter until a decision is reached.

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

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

1. change in income, assets;
2. change in living address;
3. change in composition of the SFU (This includes a request to add an adult to the AG.);
4. change in living situation;
5. change in TCA employment participation status;
6. corrective action for a case that failed to process (This activity might include an auxiliary payment.);
7. application or removal of sanctions;
8. marriage or remarriage of the payee whose needs are included in the SFU; or
9. approval of severance or relocation payments.

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

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

1. Beneficial: When a participant provides verification with a reported change or within 10 days of the change, make the increased benefit available no later than the month following the month the change was reported. If the participant does not provide verification, make benefits available the first month following the receipt of verification.

2. Adverse: the first month following the receipt of sufficient information to act on an adverse change, allowing for 10 days adverse action notice.

0820.0505 Time Frames for Requesting Information (TCA)

Requested verification or information is due 10 calendar days from the day the verification checklist was mailed. Ten days adverse action applies.

0820.0506 Adding Individuals to Existing Cases (TCA)

If adding individuals to an existing case creates a new AG, conduct a face-to-face interview, unless granting a hardship waiver. Apply application policy.

0820.0507 Determining the Add Date for an Existing AG (TCA)

The add date for a newborn is the date of the child's birth, for all other individuals it is the date of request. Prorate the increase in assistance from the date of request, unless the add date is the first of the month.

0820.0508 AGs That Split Up (TCA)

With the exception of a battered spouse, individuals who leave an AG are not eligible for additional benefits for the month of separation.

Individuals who leave the original AG will not be eligible as a separate AG in any month following the departure month, unless they have been removed, and the original AG receives a notice of adverse action. If action to remove an individual is not processed timely, issue benefits to the new AG and refer the original AG for overpayment.

0820.0700 MASS CHANGE (TCA)

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

1. annual adjustments to the net income eligibility standards;
2. periodic cost of living adjustments to Social Security, SSI, and other federal benefits;
3. adjustments to TCA payment standard; and
4. other changes in the eligibility criteria based on legislative or regulatory actions.

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

0820.0800 NON-DUPLICATION OF ASSISTANCE (TCA)

Include the needs of a child, parent or relative in only one cash AG at a time.

Recipients may not receive duplicate payments from more than one state in any month. A recipient from another state may have his needs included in an AG in Florida during the same month only if the payment in the other state was for a partial month. In this case, consider the amount paid in the other state as unearned income in the budgeting process.

A caregiver may not receive a TCA payment, Guardianship Assistance Program payment, relative caregiver payment, and a non-relative caregiver payment for a child(ren) during the same month. Remove the relative caregiver-eligible child from the TCA case effective the first month following adverse action notice.

0820.0900 TIME LIMITED EXTENSIONS FOR SSI APPLICANTS (TCA)

If a recipient subject to time limits has an application pending for SSI, extend the time limit until there is a final determination, and all appeals and reviews are exhausted.

In a two-parent family where one parent has an SSI application pending, extend the time limit of the other parent. The individual with a time extension due to a pending SSI application is not exempt from a noncompliance sanction.

0820.1000 TIME LIMITED HARDSHIP EXEMPTIONS (TCA)

An individual may request a hardship exemption to the lifetime time limit at any time before or after the time limit expires. The Regional Workforce Board (RWB) considers requests and approves hardship exemptions with the exception of “At Risk” hardship exemptions. If an individual in a participating family fails to comply with any TCA Program requirement during a hardship exemption period, terminate the hardship exemption and the TCA benefit.

Refer a recipient who is initially denied a hardship exemption by the RWB provider to CW/CBC. When review of the case determines that termination of benefits may place a minor child at risk of emergency shelter or foster care placement, authorize a 12-month extension of benefits for the child. Any additional exemption period must be based on a case reevaluation. Do not consider these cases child only cases.

0820.1100 CASH ASSISTANCE SEVERANCE BENEFIT (TCA)

Recipients of TCA who are employed may opt to receive a one-time lump sum payment of $1,000 in lieu of ongoing TCA benefits if they meet certain criteria. The program is optional and no sanctions are applicable if the recipient chooses not to participate. Individuals who have received extensions on their 48-month life time limit are eligible for the cash assistance severance payment. Recipients may be eligible for severance if they request the benefit prior to the last month of their time limit or extension period.

In order to receive the cash assistance severance payment, a recipient must:

1. be employed and receiving earnings.
2. verify earnings.
3. expect to remain employed at least six months.
4. have received Temporary Cash Assistance for at least six consecutive months since October 1996, in the State of Florida.
5. choose to receive a one-time lump sum payment instead of ongoing monthly assistance.
6. sign an agreement not to apply for or accept TCA for six months after the receipt of the one-time payment unless an emergency can be demonstrated.

0820.1101 Repayment of the Cash Assistance Severance Payment (TCA)

If the AG reapplies for TCA within the six-month period due to a qualifying emergency, it must repay the entire amount of the severance payment. Prorate the $1000 by deducting $125 per month for eight months. If fewer than eight months remain on the time limit, deduct $125 for each month. If the repayment amount exceeds the TCA benefit, deny the AG. Do not refer severance repayments to benefit recovery.

0830.0000 Family-Related Medicaid

This chapter presents ongoing case processing policy.

0830.0100 ELIGIBILITY REVIEWS (MFAM)

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

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

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

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

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

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

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

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

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

0830.0101 Face-To-Face Interview (MFAM)

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

Home visits are face-to-face interviews and must be scheduled in advance. Schedule an appointment for a face-to-face interview with a responsible household member or designated representative. If either of these individuals is unable to come to the office due to mental or physical disability, advanced age, hospitalization, illness, transportation or other hardship, conduct the interview by telephone.

0830.0102 Who May be Interviewed (MFAM)

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

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

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

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

0830.0500 CHANGES (MFAM)

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

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

1. An individual anticipates receipt of or a change in income, or a return to work;
2. A check on approval of Social Security, Unemployment Compensation, or other benefits for which the individual applied is required;
3. To obtain the Social Security number in the second month following the month any member of an AG applies for a Social Security number. If the Social Security number has not been received, reschedule the partial for the following month and each subsequent month until the number is obtained;
4. To determine the outcome of the petition to the court in the third month following the month the Department becomes aware of a trust that could have an effect on the AG's eligibility. If there is delay in a court decision, schedule a partial every two months thereafter until a decision is reached.

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

If the reported change relates to income, refer to the Reasonable Compatibility Job Aid (Appendix 36). If the amount reported is not compatible, the information is questionable or makes the individual or family ineligible pend for income. Use the electronic verification sources as verification when possible.

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

1. changes in income;
2. a change in composition of the SFU;
3. a change in living situation;
4. application or removal of sanctions;
5. changes in Medicaid coverage groups; or
6. notification of pregnancy.

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

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

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

0830.0505 Time Frames for Requesting Information (MFAM)

Requested verification or information is due 10 calendar days from the day the verification checklist was mailed. If the 10th day falls on a holiday or weekend, the deadline is the next working day. Ten days adverse action applies.

0830.0506 Adding Individuals to Existing Cases (MFAM)

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

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

0830.0600 EX PARTE DETERMINATIONS (MFAM)

An ex parte determination assesses whether a Medicaid individual who is no longer eligible under one coverage group is eligible under a different coverage group. Continue Medicaid until the ex parte process is completed. This includes the automatic transfer(s) to Florida Healthy Kids and the Federally Facilitated Marketplace.

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

Perform ex partes when:

1. An increase in income causes ineligibility.
2. A child turns age 18 and is in a MAGI based coverage group or transitional Medicaid AG.
3. An adult or child receiving MAGI Medicaid coverage claims disability, evaluate eligibility under SSI-Related Medicaid. Continue MAGI Medicaid pending a disability decision from DDD.
4. The transitional Medicaid period expires or ends when the last child turns 18.
5. The PEN coverage ends.
6. Cancellation of an individual's SSI Medicaid.

For Extended Medicaid:

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

For Postpartum Medicaid:

An ex parte determination must be completed in the last month of the 12-month period. The recipient must be notified of any changes in Medicaid status following the ex parte determination.

For Presumptively Eligible Newborns (PEN)

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

Do not perform an ex parte determination when:

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

0830.0700 MASS CHANGE (MFAM)

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

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

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

0830.0800 CONTINUOUS MEDICAID ELIGIBILITY (MFAM)

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

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

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

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

0840.0000 SSI-Related Medicaid, State Funded Programs

This chapter presents ongoing case processing policy.

0840.0100 ELIGIBILITY REVIEWS (MSSI, SFP)

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

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

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

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

If the household submits an application or interim contact form during the last month of the eligibility period, but fails to provide all verifications during the month the review is due:

1. If the household does not provide the verifications, assess the correct Medicaid eligibility period or Continuous Medicaid.
2. If the household provides the last verification during the month following the month the review is due, leave the case open or reopen the case by the 30th day after the end of the eligibility period.

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

0840.0101 Face-To-Face Interview (MSSI, SFP)

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

Home visits are face-to-face interviews and must be scheduled in advance. Schedule an appointment for a face-to-face interview with a responsible household member or designated representative. If either of these individuals is unable to come to the office due to mental or physical disability, advanced age, hospitalization, illness, transportation or other hardship, conduct the interview by telephone.

Conduct a phone interview with the participant when information provided by the designated representative is questionable or incomplete. In those cases, if the participant is mentally or physically unable to provide the necessary information, waive the phone interview.

0840.0102 Who May be Interviewed (MSSI, SFP)

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

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

If the individual has been declared legally incompetent and has a legal guardian, the legal guardian must act as the designated representative. If the legal guardian will not cooperate or cannot be located, someone else may act as designated representative. When someone other than the legal guardian is the designated representative, send a written notice to him advising him that a designated representative has been appointed. Maintain a copy of the written notice in the case record.

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

Exceptions:

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

2. Do not interview or allow a nursing home administrator (including administrators of ICF/MRs and State Hospitals), or anyone in a position to act as nursing home administrator, except in instances where the administrator is the individual's legal guardian.

0840.0500 CHANGES (MSSI, SFP)

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

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

1. An individual anticipates receipt of or a change in income, or a return to work.
2. A check on approval of Social Security, Veterans Administration benefits, Unemployment Compensation, or other benefits for which the individual applied is required.
3. An uncovered medical expense deduction (UMED) review is due.
4. A quarterly review of monthly deposits to an income trust account is due.

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

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

1. changes in income, assets;
2. relocation of an SFU;
3. a change in composition of the SFU;
4. a change in living situation (If a living situation involves changing from community Medicaid to an Institutional-Related Program such as ICP, Hospice or HCBS, conduct a complete eligibility review.);

5. corrective action for a case that failed to process;
6. replacing a lost or stolen warrant;
7. application or removal of sanctions; or
8. changes in Medicaid coverage groups.

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

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

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

0840.0505 Time Frames for Requesting Information (MSSI)

Requested verification or information is due 10 calendar days from the day the verification checklist was mailed. If the 10th day falls on a holiday or weekend, the deadline is the next working day. Ten days adverse action applies.

0840.0506 Adding an Individual to the AG (MSSI, SFP)

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

The add date is the first day of the month the individual contacts the Department. Retroactive Medicaid is available for any of the three months prior to the add date if the individual is eligible for the month(s).

Eligibility for:

1. ICP cannot begin prior to the date of placement.
2. Hospice cannot begin prior to the election date.
3. HCBS cannot begin prior to the date the individual is enrolled in the waiver.

0840.0600 EX PARTE DETERMINATIONS (MSSI)

An ex parte determination assesses whether a Medicaid AG member that is no longer eligible under one coverage group is eligible under a different coverage group. Continue Medicaid until the ex parte process has been completed.

Perform ex partes when:

1. An increase in income or assets causes ineligibility.
2. An adult or child who has been receiving Medicaid coverage claims disability. Request a disability decision from DDD.
3. Cancellation of an individual's SSI Medicaid.

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

Conduct an eligibility review when a Medicaid eligible individual requests ICP, Hospice, HCBS or PACE. Review additional program specific information, such as appropriate placement, level of care and transfer of assets without fair compensation.

Do not perform an ex parte determination when:

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

0840.0601 SSI Ex Parte (MSSI)

Upon termination of an individual's SSI cash benefits, AHCA mails the Medicaid redetermination letter informing the individual that the Department will see if they continue to qualify for Medicaid. There is no requirement for the individual to contact the Department to initiate the ex parte determination. If necessary, the Department will contact the individual for additional information and extend eligibility until the review is completed. Complete the review within 30 days, unless an extension is needed, and send the individual a notice of case action advising of their eligibility when the determination is complete.

0840.0700 MASS CHANGE (MSSI)

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

1. annual adjustments to the income eligibility standards;
2. annual and seasonal adjustments to the state's utility standard;
3. periodic cost of living adjustments to Social Security, SSI, and other federal benefits; and
4. other changes in the eligibility criteria based on legislative or regulatory actions.

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

0850.0000 Child In Care

This chapter presents ongoing case processing policy.

0850.0100 ELIGIBILITY RENEWALS (CIC)

The Child Welfare/Community Based Care (CW/CBC) counselor, private agency counselor or representative is the PIP for all CIC cases and is responsible for filing the eligibility renewal form on behalf of the child in care. The CW/CBC counselor or private agency counselor or representative must make all contacts with the family, child or foster parent.

An eligibility renewal reestablishes eligibility on all factors, resolves discrepancies and ensures correct benefits. Deprivation must continue to exist for the child to remain eligible for Title IV-E. If ineligibility or reduction in the funding rate occurs in any month, notify CW/CBC, even if notification is retroactive.

At renewal, assign a 12-month review from the month following the month of disposition. For Medically Needy cases, evaluate the child for reenrollment prior to the expiration of the current enrollment period.

0850.0103 Temporary Interruptions in Foster Care (CIC)

In cases where there has been a temporary interruption in foster care, do not review the eligibility of the family for Title IV-E if:

1. The child remains in foster care;
2. The original court order or voluntary placement agreement is still in effect in relation to removal of the child from the home; and
3. The child remains under the responsibility of the Department for placement and care.

The due date of the next scheduled complete eligibility review remains unchanged.

0850.0104 When a Child Leaves Foster Care (CIC)

If a child leaves foster care to return to the home from which he was removed, he is no longer in foster care status, even if the Department maintains a supervisory role. If the child leaves foster care to live with a relative, determine if the child remains in foster care status or whether the home of the relative is now considered to be the child's own home, regardless of interruptions in the foster care status.

In the event a child returns home but is later placed in foster care, conduct a new determination of the family's eligibility based on circumstances at the time of the new court action or voluntary placement.

If the child leaves the foster home and is placed in a state training school (for medical or behavioral issues) for a temporary period, the court order of removal is still in effect. There is no need for a new determination of the family's eligibility when the child returns to the foster home. If a child has been in runaway status for more than 30 days, Medicaid eligibility no longer exists.

When a child leaves the care of the Department, Continuous Medicaid policy applies.

0850.0500 CHANGES (CIC)

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

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

1. The child is turning 18 or reaching an age that necessitates a new board rate,
2. The child receives Social Security benefits and a cost of living adjustment is anticipated, or
3. A pregnant child gives birth.

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

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

1. changes in income or resources,
2. a change in living situation,
3. a case that failed to process,
4. changes in Medicaid coverage groups,
5. a move into a different foster home, or the child's current foster home loses its license,
6. a move into an ineligible living arrangement,
7. board rate changes,
8. parents begin living together (child no longer deprived),
9. receipt of SSI begins,
10. removal from foster care with a subsequent cessation of the board rate, or
11. child is in runaway status longer than two weeks.

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

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

0850.0505 Time Frames for Requesting Information (CIC)

Requested verification or information is due 10 calendar days from the day the verification checklist was mailed. If the 10th day falls on a holiday or weekend, the deadline is the next working day. Ten days adverse action applies.

0850.0600 EX PARTE DETERMINATIONS (CIC)

An ex parte determination assesses whether a Medicaid AG member that is no longer eligible under one coverage group is eligible under a different coverage group. Continue Medicaid until the ex parte process has been completed.

Perform an ex parte when:

1. An increase in income or assets causes ineligibility.
2. A child turns 18, unless the youth is under 21 and a participant in the Independent Living Programs (Postsecondary Educational Services and Support, Extended Foster Care, or

Aftercare Services) or receiving payments under Title IV-E, or the IV-E agreement is still in effect.
3. Cancellation of an individual's SSI Medicaid.
4. The PEN coverage ends.

An ex parte determination does not require a new application. There is no requirement for the individual to contact the Department to initiate the ex parte determination. When the determination is complete, send the Primary Information Person (PIP) a notice of case action advising of the child's eligibility. If the child is not eligible or is eligible only for Medically Needy with a SOC, provide 10 days advance notice.

Close the Title IV-E and Medicaid and do not perform an ex parte determination when:

1. The counselor fails to return requested information,
2. The counselor requests voluntary cancellation of Medicaid,
3. The child moves out of state, or
4. The Department is unable to locate the child.

0850.0700 MASS CHANGE (CIC)

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

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

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

0860.0000 Refugee Assistance Program

This chapter presents ongoing case processing policy.

0860.0100 ELIGIBILITY REVIEWS (RAP)

An eligibility review reestablishes eligibility on all factors, resolves discrepancies and ensures correct benefits. An acceptable application must have the name, address and signature of the individual or authorized representative and may be submitted in person, by mail or facsimile or on the web.

Schedule eligibility reviews based on the refugee's date of entry (for refugees) or date of status (for asylees). If the date of entry/status was on or after 10/1/21, assign a 12-month eligibility period. If the date of entry/status is prior to 10/1/21, a review will need to be scheduled 8 months from the date of entry/status. Assistance groups having members with different 12-month or 8-month eligibility periods will be assigned an eligibility period based on the member with the later eligibility expiration.

Regardless of the eligibility review period, RAP cash and/or Medicaid benefits received may not exceed the 12-month or 8-month limit, depending on the entry/status date as defined above.

Timely Reviews: An application received on or before the 15th day of the last month of the eligibility period is a timely review. Process the application by the end of the current eligibility period if the household completes the interview and provides all verifications within the last month of the eligibility period. If the AG is eligible, benefits begin the first day of the month following the end of the current eligibility period.

Untimely Reviews: An application received on the 16th day of the last month of the eligibility period and through the end of the eligibility period is an untimely review.

Reapplication: An Untimely Review in which the household submits the request within 30 days after the end of the eligibility period. Process the application using the application process but apply interview and verification procedures of the review. For example, if the review is passive, do not require an interview.

If the household submits an application during the last month of the eligibility period, but fails to provide all verifications during the month the review is due, deny the application:

1. If the household provides the verifications during the month following the month the review is due, process the review by the 30th day after the last month of the eligibility period.
2. Do not prorate the benefit.

0860.0101 Face-To-Face Interview (RAP)

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

Schedule an appointment for a face-to-face interview with a responsible household member or authorized representative. If either of these individuals is unable to come to the office due to mental or physical disability, advanced age, hospitalization, illness, transportation or other hardship:

1. Waive the face-to-face interview in favor of a telephone interview on a case by case basis and record reason in case record; or

2. Conduct the interview at an alternate location, such as the individual's home. Home visits are face-to-face interviews; schedule them in advance.

Schedule the interview to give sufficient time to determine eligibility and provide benefits within the time standards.

0860.0102 Who May be Interviewed (RAP)

Conduct interviews with a responsible member of the SFU, an authorized representative, or a specified relative of the SFU. A responsible member is any member able to represent the SFU by providing sufficient and accurate information concerning the SFU's circumstances. An applicant must authorize a representative in writing.

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

An applicant must authorize a representative in writing to act on behalf of the household. When the applicant is incompetent or incapacitated, an authorized representative may be self-designated.

If the household member or an authorized representative is not responsible, that member may not represent the SFU and may not authorize a representative. Record the information that supports this decision.

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

Exceptions:

Do not interview or allow the following to act as an authorized representative:

1. Eligibility staff, unless no other individual is available to act on behalf of the applicant/recipient. The ACCESS Region or Circuit Program Office must provide written approval of each designation.
2. Individuals disqualified for fraud during the period of disqualification, unless the disqualified individual is the only adult member of the SFU able to act on the SFU's behalf.

0860.0500 CHANGES (RAP)

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

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

1. Time limited months are due to expire;
2. An individual anticipates receipt of or a change in income, or a return to work;
3. RAP Employment and Training sanctions are scheduled to end
4. A check on approval of Social Security, SSI, Unemployment Compensation, or other benefits for which the individual applied is required.

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

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

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

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

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

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

1. Beneficial: When a participant provides verification with a reported change or within 10 days of the change, make the increased benefit available no later than the month following the month the change was reported. If the participant does not provide verification, make benefits available the first month following the receipt of verification.
2. Adverse: the first month following the receipt of sufficient information to act on an adverse change, allowing for 10 days adverse action notice.

0860.0505 Time Frames for Requesting Information (RAP)

Requested verification or information is due 10 calendar days from the day the verification checklist was mailed. Ten days adverse action time frames apply.

0860.0506 Adding Individuals to Existing Cases (RAP)

If adding individuals to an existing case creates a new AG, conduct a face-to-face interview, unless granting a waiver for hardship. Apply application policy.

0860.0507 Determining the Add Date for an Existing AG (RAP)

Prorate the increase in cash assistance from the date of request, unless the request to add is the first of the month. Medical assistance for eligible individuals begins with the first day of the month of the request to add date.

0860.0600 EX PARTE DETERMINATIONS (RAP)

An ex parte determination assesses whether a Medicaid AG member that is no longer eligible under one coverage group is eligible under a different coverage group. Continue Medicaid until the ex parte process has been completed.

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

Do not perform an ex parte determination when:

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

0860.0700 MASS CHANGE (RAP)

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

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

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

0860.0800 NON-DUPLICATION OF ASSISTANCE (RAP)

Include the needs of a child, parent or relative in only one cash AG at a time.

Recipients of RAP benefits may not receive duplicate payments from more than one state in any month.